

GENERAL PRACTICE INFLUENZA VACCINE ORDER FORM



Health

All orders should be made online <https://nsw.tollhealthcare.com/>

Alternatively use this form to fax to 1800 041 528

Enquiries regarding orders/dispatch: **1300 656 132**

PROVIDER DETAILS		
Date:	Number of GPs in practice:	Vaccine Account Number
Practice Name:		
Delivery address:		Opening hours (for delivery):
Phone:	Person ordering vaccines:	
Fax:		

COLD CHAIN DECLARATION – Please complete to ensure your order is processed			
		Yes	No
1	All vaccines will be administered according to NSW Health's vaccine eligibility criteria (previous page) and the NSW Immunisation Program Schedule		
2	Each vaccine dose administered in this practice will be notified to the Australian Immunisation Register		
3	This facility complies with cold chain requirements in the National Vaccine Storage Guidelines - Strive for Five (3rd edition, published June 2019)		
4	All vaccines are stored in a purpose-built vaccine specific refrigerator		
5	Vaccine fridge temperatures (current, minimum and maximum) are checked and recorded twice daily, thermometer reset and all records are kept according to medico-legal requirements.		
6	All vaccines fridges are continuously data logged using an electronic data logger, set to record at 5 minute intervals and the data logging report is downloaded, saved to medico-legal requirements and reviewed once a week and/or if there is a min/max reading of below +2°C or above +8°C		
7	In the event of a cold chain breach, I will call my local Public Health Unit on 1300 066 055 for advice before taking any further action.		
8	The vaccine fridge(s) temperature has/have been between +2°C and +8°C since the last vaccine order (this excludes excursions up to +12°C for less than 15 minutes when opening the fridge and excludes cold chain breaches that have already been notified to the Public Health Unit).		
9	At least one staff member has successfully completed the NSW Health Vaccine Storage and Cold Chain Management online training module		
Principal GP (print):		Signature:	
AHPRA Number:		Date:	

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Vaccine Account Number			
VACCINE ORDER			
<i>Note: influenza vaccines are AGE SPECIFIC – always check before administering</i>			
VACCINE	VACCINE ELIGIBILITY	DOSES IN FRIDGE	DOSES REQUIRED
Paediatric influenza vaccine	<i>All infants 6 months to less than 3 years</i>		
3 to 5 years influenza vaccine	<i>All children 3 years to less than 5 years</i>		
Adult formulation influenza vaccine	<i>Individuals 5 years and older with medical risk factors Aboriginal individuals 5 years and older Pregnant women</i>		
Senior formulation influenza vaccine	<i>All individuals 65 years and older</i>		
OFFICE USE ONLY			
Approved by:		Date processed:	
Signature:			