

COVID-19 Vaccine Order Form for Community Health Services (CHS)

Complete all fields in vaccine provider section. Email completed form to covidvaccineinventory@islandhealth.ca
 Submit order form a minimum of 1-2 business days prior to planned immunization date
 Vaccine will be distributed based on available products and supply

Community Health Services

Date:	CHS Site (in ImmsBC): CHS -
Contact Person:	E-mail:
Phone Number:	Ext:
	Fax Number:
Date Immunizations Planned:	Time:
Name of Person Picking-up Vaccine:	

Name of Health Unit Picking-up From:

Number of Doses Requested: Spikevax™ Moderna		Number of Doses Requested: BIVALENT Spikevax™ Moderna		Number of Doses Requested: Comirnaty® Pfizer		Number of Doses Requested: BIVALENT Comirnaty® Pfizer	
Dose: 0.25mL	Dose: 0.5mL	Dose: 0.5mL – Booster		Dose: 0.3mL		Dose: 0.3 mL – Booster	

Regional BPM Use Only

Approved By:				Date:	
Pick-up Location	Pick-up Date	Time	Vaccine Brand	Number of Doses	Lot Number (if known)

Public Health Use – Complete at time of vaccine pick-up. Once completed email to covidvaccineinventory@islandhealth.ca and retain a copy for your records

Date	Time	Lot Number(s)	Number of Doses	Time of Vaccine Expiry

Vaccines Filled by (print name):

Please note:

- Whenever possible, plan to immunize several clients on the same day to minimize vaccine wastage
- **When picking up vaccine bring an insulated cooler, ice packs, gel/water packs** and follow the [BCCDC guidelines for Packing an Insulated Cooler](#)
 - Temperature monitoring device (min/max thermometer) should be used during transport whenever possible
- **When transporting pre-drawn syringes** follow the [Guidance for Transport of Pre-drawn COVID-19 mRNA Vaccine](#)
- For more information about COVID-19 vaccine eligibility, vaccine products and intended use, please see the [BCCDC Immunization Manual](#)
- Lead CHS Immunizer(s) for each site to document on CHS/Other tab on [COVID-19 Immunizations - Clinic Tally](#)
- Report cold chain incidents by following the [COVID-19 Cold Chain Incident Reporting Process for CVPs \(including LTC and CHS\)](#)