



Health

GENERAL PRACTICE INFLUENZA VACCINE ORDER FORM

Fax to 1800 041 528

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

PROVIDER DETAILS

Date:	Number of GPs in practice (F/T or P/T):	Vaccine Account <u>Number</u>
Practice Name:		
Delivery Address:		Opening Hours (for delivery):
Phone:	Person ordering vaccine:	
Fax:		

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
How often is the temperature recorded? _____				
Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order? (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

In order to receive free Australian Government vaccines, I agree that this practice will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5*.

GP/Practice Manager Name:

Signature:

Free INFLUENZA Vaccine for the following groups ONLY:

- All people aged 65 years and older;
- Aboriginal people aged 15 years to 64 years;
- All people aged 6 months to 64 years who are at risk of severe outcomes from seasonal influenza, such as those with chronic conditions (including cardiac disease, cystic fibrosis, diabetes and renal failure);
- Pregnant women.

VACCINE	Number of doses to be supplied
Influenza	