

Facility Name:	
Date:	# of fridges: _____ Type: ☐ Bar ☐ Domestic ☐ Purpose Built
Facility Contact & Phone #:	

Initials (First. Last): _____ DOB (YYYY/MM/DD): _____

PLEASE NOTE: This product is supplied in single dose format.
 Consider this when ordering based on fridge capacity and cooler capacity when picking up.
 You may need to bring more than one cooler.

Vaccine Products	Eligibility Criteria – (<i>check all that apply</i>)
Nuvaxovid™ (Protein subunit vaccine) 50 mg (5 mcg/0.5mL) Pre-Filled Syringe Stored between 2 to 8°C	☐ 12 years and older

Health Unit Office to be picked up at (please check):

☐ Barrie
 ☐ Collingwood
 ☐ Cookstown
 ☐ Midland
 ☐ Gravenhurst
 ☐ Huntsville
 ☐ Orillia

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