

COVID 19 Immunization Clinic Vaccine Request Form



Algoma
PUBLIC HEALTH
Santé publique Algoma

Please forward all requests to logisticsmic@algomapublichealth.com

Date Request Submitted	
Requestor	
Date of Clinic	
Location of Clinic	
Expected # of Vaccinations	

Vaccine Type	Doses Requested	Doses Approved	LOT #	Approved By
PFIZER XBB (6 doses/vial) 12 years +				
PAEDIATRIC PFIZER XBB (6 doses/vial) 5 – 11 years				
INFANT PFIZER XBB (10 doses/vial) 6 months – 4 years Orders include corresponding amount of diluent				
MODERNA XBB (5 doses/vial) 6 months – 11 years: 25 mcg dose 12 years +: 50 mcg dose				
NOVAVAX XBB (10 doses/vial) 12 years +				