

COVID 19 Immunization Clinic Vaccine Request Form



Please forward all requests to logisticsmic@algomapublichealth.com

Date Request Submitted	
Requestor	
Date of Clinic	
Location of Clinic (COVax Vaccination Event)	
Expected # of Vaccinations	

Vaccine Type	Doses Requested	Doses Approved	LOT #	Approved By
PFIZER KP.2 (6 doses/vial) Eligible age group 12 years +				
MODERNA KP.2 (5 doses/vial) Eligible age group 6 months +				
NOVAVAX (10 doses/vial) **This product is not available for the 2024-2025 season**				