Vaccine and Biologics New Provider Application Form



Communicable Disease Control

Reviewed By

Name

Providers who have not previously acceprovincial vaccine warehouse must reg		-	led vaccines and biologi	cs from the	
Instructions: Please read and compl Attention: Inventory Adr	ete this form and send t	0:			
1) Type of Practice Setting (select of	ne):				
Hospital/Hospital PharmacyNursing Station	Long Term Care HomePharmacy		Medical ClinicPublic Health Unit		
Other Organization:					
Correctional FacilityPrivate Nursing Station	☐ School/School☐ Pharmacy	☐ School/School Division☐ Pharmacy		Occupational HealthPublic Health Unit	
Other Providers:		Г			
☐ Travel Health Clinic	Other - Please describe				
2) Health Region (select one):					
☐ Prairie Mountain Health (Western☐ Interlake-Eastern Health	Northern Health FNIH		Southern HealthWinnipeg Regional Health Authority with Churchill		
3.) Facility Information:					
Facility Name			Number of certified immunization providers practicing in this facility		
Delivery Address			City	Postal Code	
4.) Contact Information:					
Contact Name Ema		Email Addre	nail Address		
Phone		Fax			
REQUIREMENTS AND RESOUR	OFS				
Only order a one month supply of the provision of Manitoba Health's or on eligibility criteria (http://www Vaccines for TRAVEL, OCCUPATION (with the exception of Rabies vacce) Please refer to the Manitoba Health Immunization schedules, informat Vaccines are to be stored between Health Cold Chain Protocol at http BAR FRIDGES SHOULD NOT BE US Note: According to The Public Health According to The Publi	vaccines at a time spublicly-funded vaccines v.gov.mb.ca/health/publich AL HEALTH or EDUCATION ines for Occupational Health CDC website at http://wion, and resources. 2°C to 8°C in an appropred ty/www.gov.mb.ca/health/ED FOR VACCINE STORAGE at patients are not to be ch	nealth/cdc/vac PURPOSES are th and Influenz ww.gov.mb.ca/ iate temperatu publichealth/c E. arged for publi	ccineeligibility.html). e NOT covered by Manitobale a vaccine for all Manitobane health/publichealth/cdc/in are-monitored refrigerator. Rdc/coldchain.html.	Health s). dex.html for all efer to the Manitoba inistration	
Name			Designation	Date (dd/mm/yyyy)	
TAME			Dosignation	Date (dd/ IIIII/ yyyy)	
For Internal Use Only:					

Date (dd/mm/yyyy)

Provider Number