

Pharmacy Outreach RSV Immunization Worksheet for 2024-2025 Season

Instructions for Congregate Care Facility: You need to complete a separate worksheet for each Pharmacy Provider. Fill in Facility Information and send a copy to each of your Pharmacy Provider(s).

Facility Information	
Name of Facility	AHS Zone
Primary Contact	
Name & Role/Job Title	Fax
Email	Phone <i>(include extension if applicable)</i>
Vaccine Doses Required to Support This Facility	
Total # of RSV doses for 60 years and over	

** When your Pharmacy Provider returns this form, keep a copy on hand to assist with the completion of the Provincial Partner Oversight (PPO) Outreach Immunization Survey.*

Instructions for Pharmacy: Complete the section below and return the form to the Congregate Care Facility.

Pharmacy Information		
Name of Pharmacy	ACP ID number <i>(ACP ID:1234)</i>	
Address	City / Town	Postal Code
Phone <i>(include extension if applicable)</i>	Fax	
Name of Primary Wholesale Distributor (PWD)		
Primary Contact		
Name	Email	
Alternate Contact		
Name	Email	
Vaccine Doses to be Provided by Pharmacy		
Total # of RSV doses		