Ontario

Ministry of Health
Vaccine Policy and Programs Branch
Office of Chief Medical Officer of Health, Public Health

Universal Influenza Immunization Program Pharmacy Form

Fields marked with an asterisk (*) are mandatory.

1. Pharmacy Information

Pharmacy Name *	ODB Billing Number *	Reporting Month *

Public Health Unit *	Holding Point Code

Address

Unit Number	Street Number *	Street Name *

City/Town *	Province	Postal Code *	PO Box
	Ontario		

Please select *

☐ My pharmacy hired a health care agency to administer influenza vaccine.

Health Care Agency Name *	Public Health Unit *	Holding Point Code *

Health Care Agency Address

Unit Number	Street Number *	Street Name *

City/Town *	Province	Postal Code *	PO Box
	Ontario		

Pharmacies are eligible to receive $5.00 reimbursement from the Ministry of Health (the ministry) per influenza vaccine dose administered by a health care agency provided that all of the following conditions are met:

- The clinic was open and accessible to any eligible vaccine recipient (i.e., anyone who is 6 months of age or older who lives, works or attends school in Ontario).
- The clinic was widely advertised in the local community where the clinic operated.
- Only publicly funded influenza vaccine was administered (e.g., vaccine doses administered must not be obtained from a private supplier).
- The administration of influenza vaccine was provided free of charge to the vaccine recipients.
- The influenza vaccine was obtained and administered within the jurisdictional boundaries of the same local public health unit.
- The ministry must not be billed for the administration of the influenza vaccine dose(s) through any other mechanism (i.e., the ministry's Health Network System).
- The health care agency-administered pharmacy clinics was held within the physical boundaries of the pharmacy.
- The pharmacy retained the services of a health care agency that has completed the ministry prequalification process to administer publicly funded influenza vaccine.

Number of reimbursable doses administered *	Amount

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2. Form Submission and Authorization Information (to be completed by the pharmacy)

Do not include any patient information on this form.

Last Name *	First Name *	Middle Initial	Title *

Email Address *

Telephone Number *	Typed Initials *	Date (yyyy/mm/dd) *

Authorization Terms and Conditions

- I have authority to bind my organization.
- I agree to protect the privacy, security and confidentiality of personal information in accordance with applicable privacy laws.
- I will maintain records for no less than five (5) years and disclose them to the ministry, in whole or in part, immediately upon request.
- I certify that the publicly funded influenza vaccine was administered free of charge.
- I certify that the information provided in this Universal Influenza Immunization Program Pharmacy Form is true and accurate.
- I understand that failure to provide accurate information may result in removal of my organization from the UIIP.

☐ I agree to the above authorization terms and conditions. *

A copy of the form will be sent to the e-mail address provided above. If you do not receive an e-mail copy or have any questions about the form, please contact immunization@ontario.ca

Tracking Number