Ontario

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

Universal Influenza Immunization Program Reimbursement Form

Fields marked with an asterisk (*) are mandatory.

1. Organization Information

Name of Health Care Provider Organization *	Reporting Month *

Organization Type *	Holding Point Code *

Public Health Unit *

Address

Unit Number	Street Number *	Street Name *

City/Town *	Province	Postal Code *	PO Box
	Ontario		

Organizations are eligible to receive $5.00 reimbursement from the Ministry of Health (the ministry) per influenza vaccine dose administered 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 used (e.g., vaccine doses administered must not be obtained from a private supplier).
- The administration of the 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.

Number of reimbursable doses administered *	Amount

2. Form Submission and Authorization Information

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 Reimbursement Form is true and accurate.
- I understand that failure to provide accurate information may result in removal of my organization from the UIIP.

 © King's Printer for Ontario, 2026

☐ 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, public health units may contact vacpro@ontario.ca and all others may contact immunization@ontario.ca

Tracking Number