


Community Vaccine Provider - Vaccine Return Form

 <p style="font-size: small; margin-top: 5px;">Better health. Best in health care.</p> <p>Please complete and include with vaccines being returned to Public Health</p>	PHC Location:	Date:
	Address:	Telephone:

PRODUCT DESCRIPTION	LOT NUMBER	EXPIRY DATE YY/MM/DD	REASON FOR RETURN	DOSES
DTaP-HB-IPV-Hib				
DTaP-IPV-Hib				
Tdap-IPV				
Tetanus, Diphtheria (Td)				
Hepatitis A, pediatric				
Hepatitis A, adult				
Hepatitis B, pediatric				
Hepatitis B, adult				
HPV9				
Influenza vaccine Specify product: (e.g. Flud, Fluviral, etc)				
Measles, Mumps, Rubella (MMR)				
Measles, Mumps, Rubella, Varicella (MMRV)				
Meningococcal C Conjugate				
Meningococcal Quad (ACYW-135)				
Pneumococcal 13 Conjugate				
Pneumococcal 23				
Rotavirus				
Varicella				
MMRV				
Other: <input type="checkbox"/>				

Reasons for Return:

- Expired product
- Surplus / over-ordered, good shelf-life
- Cold chain incident and vaccine unusable as per public health (fridge failure/power outage)
- Recall
- Other – specify _____

Name of person returning vaccine:

Date: _____