

INFLUENZA VACCINE RETURN FORM

To return vaccine:

- ✓ Place vaccine in a bag
- ✓ Attach this form to the bag
- ✓ Write "Vaccine Return" and your facility name on the outside of the bag
- ✓ Return directly to the Health Unit at either location:

Windsor Office: 1005 Ouellette Ave., Windsor, ON N9A 4J8

Leamington Office: 33 Princess St., Leamington, ON N8H 5C5

For more information contact 519-258-2146 Ext. 1121 or vaccine@wechu.org

Date:			
Facility Name:			
Reason for Return: Expired <input type="checkbox"/> Cold Chain Excursion <input type="checkbox"/> Excessive Quantity <input type="checkbox"/>			
Vaccine Name	# of Doses	Lot #	Expiry Date