

INFLUENZA VACCINE RETURN FORM

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

RETURNED VACCINE:

1. Place vaccine in a bag
2. Attach form to bag (or place inside) and close securely
3. Write "Vaccine Return" and your facility name on the outside of the bag
4. 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