

## VACCINE RETURN FORM

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Expired     Cold Chain Failure

**Return vaccine with accompanying diluent. When returning vaccine:**

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

Vaccine Name	# of Doses	Lot #	Expiry Date
Adacel			
Adacel-Polio			
Hepatitis A			
Hepatitis B Pediatric			
Hepatitis B Adult			
IPV (Polio)			
Menjugate			
Neisvac-C			
MMR II			
Priorix			
Priorix Tetra			
ProQuad			
Pediacel			
Prevnar 13			

Vaccine Name	# of Doses	Lot #	Expiry Date
Pneumovax 23			
Rotateq			
Td			
Tubersol			
Varilrix			
Varivax III			
Shingles			
Seasonal Influenza (List product Name)			
Other:			