



# Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

## Vaccine Return Form

Complete this form for your expired &/or exposed vaccine – *must accompany all vaccine returns*

<b>Health Care Provider:</b> (Physician/CHC/FHT) _____	<b>Date</b> _____
<b>Address</b> _____	<b>Telephone Number</b> _____

<b>Incident Description</b> <input type="checkbox"/> Exposed Last known temperature consistently between +2°-+8°C Date: _____ Time: _____	Detection Date: _____ Detection Time: _____ Temperature at the time of detection: Min: _____ Max: _____ Current: _____
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Reason for Return	Time, Temperature and Date
<input type="checkbox"/> <input type="checkbox"/> Expired	<input type="checkbox"/> <input type="checkbox"/> Refrigerator temperature fluctuation
<input type="checkbox"/> <input type="checkbox"/> Refrigerator Failure	<input type="checkbox"/> Power Outage
<input type="checkbox"/> <input type="checkbox"/> Other: Explain _____	<input type="checkbox"/> Vaccine Cold Chain Incident Exposure Report

Vaccines	Doses returned	Lot Number	Expiry Date
Adacel(Tdap)			
Adacel-IPV (Tdap-IPV)			
BID - Tubersol			
Boostrix (Tdap)			
Boostrix-Polio (Tdap-IPV)			
Diluent			
Mantoux - Tubersol			
Menjugate/Neis Vac-C (Men-C)			
MMR II			
MMRV (Priorix-Tetra)			
IMOVAX (Polio)			
PEDIACEL (DTaP-IPV-Hib)			
Prevnar (pneumococcal)			
Priorix (MMR)			
Pneumo 23 (pneumococcal)			
Rotarix/RotaTeq			
Td-Absorbed (Tetanus-diphtheria)			
Varilrix/Varivax III (Chickenpox)			
Zostavax(Shingles)			