



Vaccine Return Form

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

Health Care Provider _____ Date _____
 Address _____ Telephone Number _____ (Main Line)

Incident Description

Exposed
 Last known temperature consistently between +2°-+8°C
 Date: _____ Time: _____
 Detection Date: _____ Detection Time: _____
 Temperature at the time of detection:
 Min: _____ Max: _____ Current: _____

Reason for Return

Reason	Time, Temperature and Date
<input type="checkbox"/> Expired	<input type="checkbox"/> Refrigerator temperature fluctuation
<input type="checkbox"/> Refrigerator Failure	<input type="checkbox"/> Power Outage
<input type="checkbox"/> Other: Explain _____	<input type="checkbox"/> Vaccine Cold Chain Incident Exposure Report

Vaccine

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