



Renfrew County and District Health Unit
 "Optimal Health for All in Renfrew County and District"

COVID-19 VACCINE RETURN FORM 2021

**Complete this form for any expired and/or exposed COVID-19 vaccine.
 This form must accompany all COVID-19 vaccine returns.**

HCP (Physician/CHC/FHT)/ Pharmacy: _____
Name of person reporting incident (print): _____
Address: _____
Telephone Number: _____
Fax Number: _____
Date and Time Reported to PHU: _____
 (If a temperature excursion has occurred)

Cold Chain Incident (If applicable)	Detection Date:
<input type="checkbox"/> Exposed	Detection Time:
Last known temperature consistently between +2°-+8°C: _____	Temperature at the time of detection: Min: _____ Max: _____ Current : _____
Date: _____ Time: _____	

Reason for Return			
<input type="checkbox"/> Expired Vaccines		<input type="checkbox"/> Break in cold chain	
Name of mRNA Vaccines affected		Vaccine lot # and number of doses	
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Moderna	<input type="checkbox"/> Pfizer-BioNTech	Lot #:	Doses:
<input type="checkbox"/> Other	Name: _____	Lot #:	Doses: