



# Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

## Vaccine Return Form

<b>HCP/ Pharmacy:</b> _____ <b>Address</b> _____	<b>Contact:</b> _____ <b>Telephone Number</b> _____
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Reason for Return	
<input type="checkbox"/> Expired	<input type="checkbox"/> Human Error
<input type="checkbox"/> Refrigerator Failure	<input type="checkbox"/> Power Outage
<input type="checkbox"/> Other: Explain _____	<input type="checkbox"/> Vaccine Cold Chain Incident Exposure Report Sent <input type="checkbox"/>

Vaccine	Doses returned	Lot Number(s)	Vaccine	Doses returned	Lot Number(s)
Adacel			Shingrix		
Adacel-IPV			Td-Absorbed		
BID - Tubersol			Varilrix/Varivax III		
Gardasil					
HA Adult			COVID-19		
HA Paed			Moderna		
HB Adult			Pfizer		
HB Paed			Paed Pfizer		
Hib			Astra Zeneca		
IMOVAX (Polio)			INFLUENZA		
Menjugate/NeisVac-C			Flulaval Tetra		
MMR			Fluzone QIV		
MMVR			Fluzone HD QIV		
Menactra			Fluad		
Nimenerix			Flucelvax		
Pediacel					
Pneumo 23					
Prevnar-13					
Rotarix/Rotateq					

For Office Use only
Date Received: _____
Received By: _____