



## Vaccine Return Form FOR HEALTH CARE PROVIDERS

**PART 1 ORGANIZATION INFO (PLEASE COMPLETE ALL FIELDS)**

ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	ADDRESS:

**PART 2 REASON FOR RETURN (PLEASE CHECK ONE)**

<input type="radio"/> EXPIRED	<input type="radio"/> HUMAN ERROR
<input type="radio"/> REFRIGERATOR FAILURE	<input type="radio"/> POWER OUTAGE
<input type="radio"/> OTHER:	<input type="radio"/> COLD CHAIN INCIDENT EXPOSURE ( <input type="radio"/> REPORT SENT)

**PART 3 VACCINES RETURNED (PLEASE COMPLETE WITH VACCINES BEING RETURNED TO PUBLIC HEALTH)**

ROUTINE & HIGH-RISK VACCINES					
AGENT (BRAND NAME)	# DOSES RETURNED	LOT #	AGENT	# DOSES RETURNED	LOT #
<b>BID – Mantoux</b> (Tubersol®)			<b>Men-C-ACYW-135</b> (Nimenrix® or Menactra®)		
<b>DTaP-IPV-Hib</b> (Pediacef®)			<b>MMR</b> (MMR® II or Priorix®)		
<b>HIB</b> (Act-Hib®)			<b>MMRV</b> (Priorix-Tetra® or ProQuad®)		
<b>HA Pediatric</b> (Havrix® or VAQTA®)			<b>Pneu-C-13</b> (Pneumovax® 13)		
<b>HA Adult</b> (Havrix® or VAQTA®)			<b>Pneu-P-23</b> (Pneumovax® 23)		
<b>HB Pediatric</b> (Recombivax® or Engerix-B®)			<b>Rot-1 or Rot-5</b> (Rotarix® or Rotateq®)		
<b>HB Adult</b> (Recombivax® or Engerix-B®)			<b>Td</b> (Td-Absorbed®)		
<b>HPV-9</b> (Gardasil-9®)			<b>Tdap</b> (Adacel® or Boostrix®)		
<b>HZ</b> (Shingles®)			<b>Tdap-IPV</b> (Adacel-Polio®)		
<b>IPV</b> (IMOVAX® Polio)			<b>Var</b> (Varilrix® or Varivax® III)		
<b>Men C</b> (Menjugate® or NeisVac-C®)			<b>Other:</b>		

**SEASONAL INFLUENZA VACCINES**

<b>AGENT:</b> (BRAND NAME):		<b>AGENT:</b> (BRAND NAME):	
<b>AGENT:</b> (BRAND NAME):		<b>AGENT:</b> (BRAND NAME):	

**COVID-19 VACCINES**

<b>AGENT:</b> (BRAND NAME):		<b>AGENT:</b> (BRAND NAME):	
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**PART 4 FOR RCDHU USE ONLY**

DATE VACCINE(S) RECEIVED :	STAFF RECEIVING VACCINES:	PANORAMA ENTRY COMPLETE: <input type="radio"/>
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