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

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)
☐ EXPIRED	☐ HUMAN ERROR
☐ REFRIGERATOR FAILURE	☐ POWER OUTAGE
☐ OTHER:	☐ COLD CHAIN INCIDENT EXPOSURE (☐ 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 #**
BID – Mantoux) (Tubersol®)			**Men-C-ACYW-135** (Nimenrix® or Menactra®)		
DTaP-IPV-Hib (Pediacel® or Pentacel®)			**MMR** (MMR® II or Priorix®)		
HIB (Act-Hib®)			**MMRV** (Priorix-Tetra® or ProQuad®)		
HA Pediatric (Havrix® or VAQTA®)			**Pneu-C-13** (Prevnar 13®)		
HA Adult (Havrix® or VAQTA®)			**Pneu-P-23** (Pneumovax®23)		
HB Pediatric (Recombivax® or Engerix-B®)			**Rot-1 or Rot-5** (Rotarix® or Rotateq®)		
HB Adult (Recombivax® or Engerix-B®)			**Td** (Td-Absorbed®)		
HPV-9 (Gardasil-9®)			**Tdap** (Adacel® or Boostrix®)		
HZ (Shingles®)			**Tdap-IPV** (Adacel-Polio®)		
IPV (IMOVAX® Polio)			**Var** (Varilrix® or Varivax®III)		
Men C (Menjugate® or NeisVac-C®)			**Other:**		
SEASONAL INFLUENZA VACCINES					
AGENT: (BRAND NAME):			**AGENT:** (BRAND NAME):		
AGENT: (BRAND NAME):			**AGENT:** (BRAND NAME):		
COVID-19 VACCINES					
AGENT: (BRAND NAME):			**AGENT:** (BRAND NAME):		

PART 4	**FOR RCDHU USE ONLY**	
DATE VACCINE(S) RECEIVED :	STAFF RECEIVING VACCINES:	PANORAMA ENTRY COMPLETE: ☐