

- Record all non-reusable vaccine returns on this form.
- Package vaccines and return with completed form to your nearest public health office.
- For questions related to vaccine returns, call our Vaccine Information Line at 613-966-5500 x222.

RETURNED BY (Health Care Provider / Clinic / Facility Name)	Date (yyyy/mm/dd)
Ph No.	

Vaccine	Return Code (see codes below)	Lot Number(s).	No. of Doses
Adacel / Boostrix			
Adacel-Polio / Boostrix-IPV			
Gardasil: <input type="checkbox"/> Gardasil (HPV 4) <input type="checkbox"/> Gardasil 9			
Hep B (Grades 7-8)			
Hep A <u>High Risk</u> <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hep B <u>High Risk</u> <input type="checkbox"/> Adult <input type="checkbox"/> Child			
HIB			
Influenza			
IPV			
Menactra (Grades 7-12)			
Menjugate / Neisvac-C			
Menactra/Menomune <u>High Risk</u>			
MMRII / Priorix			
MMRV / Priorix-Tetra / ProQuad			
Pediacel / Pentacel			
Pneumo-23			
Pevnar 13			
Rotarix / RotaTeq			
Td			
Tuberculin PPD 5TU			
Varivax III / Varilrix			
Zostavax			
<b>Other:</b>			

\*Return Codes: [XP] Cold Chain Break – physician office    [ER] Power Outage    [UP] Unsuitable for use  
 [XH] Cold Chain Break – health unit    [OG] Outdated Goods    (e.g. broken)