

- Record all non-reusable vaccine returns on this form.
- Package vaccines and return with completed form to your nearest public health office. Cold Chain not required.
- 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			
Adacel-Polio			
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/Nimenrix (Grades 7-12)			
Menjugate			
Menactra/Nimenrix <u>High Risk</u>			
MMRII / Priorix			
MMRV / Priorix-Tetra / ProQuad			
Pediacel			
Pevnar-13			
Pneumo-23			
Rotarix			
Td			
Tuberculin PPD 5TU			
Varivax III / Varilrix			
Shingrix			

Other:

*Return Codes: **[XP]** Cold Chain Break – physician office
[XH] Cold Chain Break – health unit

[ER] Power Outage
[OG] Outdated Goods

[UP] Unsuitable for use
 (e.g. broken)