



NON -REUSABLE VACCINE WASTAGE RETURN RECORD

****Attach this completed form when returning vaccines to Public Health at:**

Robert Thompson Building 110 King Street West 2nd Floor, Hamilton, ON L8P 4S6

Name of Practice _____ **Date:** _____

Vaccine X the <input type="checkbox"/> of the product you are returning	Lot #	# of <u>Doses</u>	Reason for Return (Circle)
<input type="checkbox"/> Act-Hib® <input type="checkbox"/> Hiberix®			A B C D
<input type="checkbox"/> Adacel®			A B C D
<input type="checkbox"/> Adacel-IPV® <input type="checkbox"/> Boostrix-Polio®			A B C D
<input type="checkbox"/> Engerix B® <input type="checkbox"/> Recombivax® Adult			A B C D
<input type="checkbox"/> Gardasil® 1 Dose <input type="checkbox"/> Gardasil® 10 Dose			A B C D
<input type="checkbox"/> Havrix® <input type="checkbox"/> Vaqta®			A B C D
<input type="checkbox"/> Imovax Polio®			A B C D
<input type="checkbox"/> Influenza Vaccine Specify Brand _____			A B C D
<input type="checkbox"/> Menactra® 1 Dose <input type="checkbox"/> Menactra® 5 Dose			A B C D
<input type="checkbox"/> Menjugate® <input type="checkbox"/> Neisvac®			A B C D
<input type="checkbox"/> MMR® II <input type="checkbox"/> Priorix®			A B C D
<input type="checkbox"/> Prevnar™ 13 <input type="checkbox"/> Vaxneuvance™ 15 <input type="checkbox"/> Prevnar™ 20			A B C D
<input type="checkbox"/> Pneumovax® 23			A B C D
<input type="checkbox"/> Prevnar™ 13			A B C D
<input type="checkbox"/> Priorix-Tetra® <input type="checkbox"/> ProQuad®			A B C D
Rabies Immune Globulin			A B C D
<input type="checkbox"/> HyperRab			A B C D
Rabies Vaccine			A B C D
<input type="checkbox"/> Imovax <input type="checkbox"/> RabAvert			A B C D
<input type="checkbox"/> Rotateq™ 1 or 10 Dose <input type="checkbox"/> Rotarix™ 10 Dose			A B C D
<input type="checkbox"/> Td® Adsorbed			A B C D
<input type="checkbox"/> Tubersol® (Specify if vial open)			A B C D
<input type="checkbox"/> Varilrix® <input type="checkbox"/> Varivax® III			A B C D
<input type="checkbox"/> Other			A B C D
<input type="checkbox"/> Other			A B C D

A Expired B Exposed Temperatures C Excessive Quantities Ordered D Other (Specify).

Revised July 2024