Hamilton

Vaccine Program Inventory
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NON -REUSABLE VACCINE WASTAGE RETURN RECORD
****Attach this completed form when returning vaccines to Public Health****

Name of Practice_____**Date:**_____

Vaccine X the □ of the product you are returning	Lot #	# of Doses	Reason for Return (Circle)
☐ Act-Hib® ☐ Hiberix®			A B C D
			A B C D
☐ Adacel® ☐ Boostrix®			A B C D
			A B C D
☐ Adacel-IPV® ☐ Boostrix-Polio®			A B C D
			A B C D
☐ Engerix B® ☐ Recombivax® Adult			A B C D
			A B C D
☐ Gardasil® 1 Dose ☐ Gardasil® 10 Dose			A B C D
			A B C D
☐ Havrix® ☐ Vaqta®			A B C D
			A B C D
☐ Imovax Polio®			A B C D
			A B C D
☐ Influenza Vaccine Specify Brand_____			A B C D
			A B C D
			A B C D
☐ Menactra® 1 Dose ☐ Menactra® 5 Dose			A B C D
			A B C D
☐ Menjugate® ☐ Neisvac®			A B C D
			A B C D
☐ MMR® II ☐ Priorix®			A B C D
			A B C D
☐ Pediacel® ☐ Pentacel®			A B C D
			A B C D
☐ Pneumovax® 23 ☐ Prevnar®™ 20			A B C D
			A B C D
☐ Prevnar™ 13 ☐ Vaxneuvance®			A B C D
			A B C D
☐ Priorix-Tetra® ☐ ProQuad®			A B C D
			A B C D
☐ Rotarix1® 10 Dose			A B C D
			A B C D
☐ Shingrix® 1 Dose			A B C D
			A B C D
☐ Td® Adsorbed ☐ Tenivac®			A B C D
			A B C D
☐ Tubersol® (Specify if vial open)			A B C D
			A B C D
☐ Varilrix® ☐ Varivax® III			A B C D
			A B C D
☐ HyperRab® ☐ KamRab®			A B C D
			A B C D
☐ Imovax ® ☐ RabAvert®			A B C D
			A B C D
☐ Other			A B C D
			A B C D

A Expired **B** Exposed Temperatures **C** Excessive Quantities Ordered **D** Other (Specify) **Revised December 2025**

**The most current Publicly Funded Immunization Schedule for Ontario can be found at:
https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf