

VACCINE RETURN FORM

Facility Name: _____

Date: _____

Instructions

1. Complete this form.
2. Place vaccine to be returned and completed vaccine return form in an appropriate container (e.g., paper bag or box).
3. Securely seal the container.
4. Write “**Vaccine Return**” and **your facility’s name** on the outside of the container.
5. Return to either WECHU office location (Windsor or Leamington).

Vaccine Information				Reason for Return			
Vaccine Name	Lot Number	Expiry Date (YYYY-MM-DD)	Number of Doses	Expired (✓)	Cold Chain Incident (✓)	Excess Quantity (✓)	Other (Please specify)

If you have questions, phone 519-258-2146, ext. 1121 or email vaccine@wechu.org.