Provider (name of clinic, immunizer, pharmacy etc.)

Phone: _____

Fax: _____

Date of Return: _____

Instructions:

1. Complete Return Form For Publicly Funded Influenza Vaccine,
2. Return unused and expired vaccine, including partial vials, along with completed form to Public Health Centre. Cold chain is not required for returns.
3. Deadline: April 30.

Influenza Vaccine Return			
Product	**Lot Number**	**Expiry Date (YYYY / MM / DD)**	**# of Doses Returned**