COVID-19 VACCINE REDISTRIBUTION FORM
(for vaccine stored refrigerated)

Instructions:
- Complete this form and fax it to BCCDC to receive authorization for return.
- Once authorization is received via email or phone, you may return the surplus vaccines.
- Please enclose the signed copy of this form with the surplus vaccines.

RETURNING OFFICE: ______________________________ DATE: ______________________

ADDRESS: ________________________________________________________________

_________________________________ FAX: (______)____________

CONTACT PERSON: ______________________________ TEL: (______)____________

THE FOLLOWING CRITERIA MUST BE MET FOR VACCINE(S) TO BE CONSIDERED ELIGIBLE FOR
RETURN TO BCCDC VACCINE DISTRIBUTION CENTRE

☐ The temperature was maintained between +2°C and +8°C for these products, throughout their
storage at the site.

☐ Products were stored in a safe and secure location with no public access.

☐ The refrigerator temperature was logged at the start and end of each business day.

☐ Only full, sealed cartons are being returned.

☐ Only full, unpunctured vials are being returned.

Vaccine: __________________________________________

Number of Doses: _________

Lot Number: ________________

Expiry Date: ________________

I have checked off all of the boxes and to the best of my knowledge confirm all of these conditions
have been met:

________________________________________________________

Signature of Manager Date

________________________________________________________

Name of Manager (Please print)

OFFICE USE ONLY ➔ Field Return Report - Reference number ____________