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

OFFICE USE ONLY ➤ Field Return Report - Reference number ____________