



Kent County Health Department

Vaccines for Children (VFC) Program RECEIPT OF RETURNED VACCINES

Date: _____

Practice Name: _____ PIN # _____

Vaccines being returned:

| | | | | | |
|---------|--------------|----------|-------|---------|----------------|
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| Vaccine | Manufacturer | NDC Code | Lot# | # Doses | Exp. Date |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| Vaccine | Manufacturer | NDC Code | Lot# | # Doses | Exp. Date |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| Vaccine | Manufacturer | NDC Code | Lot# | # Doses | Exp. Date |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| Vaccine | Manufacturer | NDC Code | Lot# | # Doses | Exp. Date |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| Vaccine | Manufacturer | NDC Code | Lot# | # Doses | Exp. Date |

Temperature log copies are attached? Yes No
(Returned vaccine will not be accepted without temperature logs)

Do temperature logs show the vaccine has been stored appropriately? Yes No

The Kent County Health Department will attempt to administer or redistribute these returned vaccines. However, if any of these doses do expire the Provider shall be responsible for reimbursement of the vaccine as outlined under the VFC Vaccine Lost/Wasted/Borrowed Policy in the Resource Book for VFC Providers.

KCHD Staff Signature

Provider Signature or Provider Designee