



# Vaccine **RETURN** Form

Naval Hospital Camp Pendleton, Preventive Medicine Department

Vaccine Distribution Program

Building H-143

Marine Corps Base, Camp Pendleton, CA 92055-5191

Telephone: (760) 725-1233/1270 FAX: (760) 725-0564

<p>Date: ____ / ____ / ____</p> <p>Unit / Facility Name: _____</p> <p>Unit / Facility Address: _____ (Building Number)</p> <p>Person Completing Form: _____</p> <p>Title: _____</p> <p>Telephone Number: _____</p> <p>FAX: _____</p>	<p><b>Instructions:</b> Please enclose a COPY of this form with the vaccine when physically returned and retain one for your records. ALSO, a copy of the current Temperature Monitoring Log <b>MUST ACCOMPANY</b> this form and vaccine to verify cold chain and temperature management.</p> <p><b>Return Codes:</b></p> <ul style="list-style-type: none"> <li>2 – Short Dated</li> <li>3 – Spoiled</li> <li>4 – Expired</li> <li>5 – Lost or damaged in transit</li> <li>6 – Refrigerator Failure</li> <li>7 – Personnel Negligence</li> </ul>
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Vaccine	Vaccine Lot #	# of Doses	Return Code (see above)	Brief explanation of circumstances causing return
Adacel				
Anthrax				
DTap				
Gardasil				
HEP A (Adult)				
HEP B (Adult)				
IPV				
JEV				
Meningococcal				
MMR				
PPD				
Rabies				
Smallpox				
Tetanus				
Twinrix				
Typhoid				
Varicella				
Yellow Fever				
Zostavax				
	Beneficiary Primary	Care Clinics	Only Below This	Line
Boostrix				
HEP A (Peds)				
HEP B (Peds)				
HiB				
Pediarix				
Pneumoccal				
Prevnar				
Rotateq				