Vaccine Return Form

Returned By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Vaccine

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| --- | --- | --- | --- |
| Flulaval |  | Meningitis ACWY (Menveo) |  |
| FLUAD HD |  | Meningitis B (Bexsero) |  |
| Shingrix w/Adjuvant |  | Measles, Mumps & Rubella (MMRII W/Diluent) |  |
| Prevnar 20 |  | RSV-Arexvy |  |
| Pneumovax 23 |  | Pfizer COVID-19 |  |
| Tdap (Boostrix) |  | Moderna COVID-19 |  |
| Hep A & Hep B (Twinrix) |  | RSV AB |  |
| Hep B – Adults (Energix-B 20mch/1.0ml) |  |  |  |