**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH**

H1N1 VACCINE DISPOSAL FORM

H1N1 PIN: DATE: /

PROVIDER NAME: TELEPHONE NUMBER: ( )

ADDRESS:

PERSON PREPARING FORM:

**EXPIRED/NON-VIABLE  H1N1  Vaccine**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Type  (Flumist,  MDV,  0.5 PFS,  0.25 PFS)** | **Total  #  of  Doses** | **Reason for Disposal (expired, improper temperature, damaged during shipping, etc.)** |
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**\*\*Please return the completed form to your local health department by the mechanism listed below:**

**LHD Fax No:**