



Renfrew County and District Health Unit
 "Optimal Health for All in Renfrew County and District"

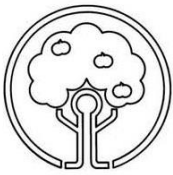
**COMMUNITY PARTNER
 COVID-19 VACCINE CLINIC SUMMARY**

Clinic Location:
Clinic Contact:
Clinic Date:

VACCINE PRODUCT: _____ (Please Use Only One Form per Vaccine Product)

VACCINE ADMINISTRATION							DATA ENTRY (COVax)		Initials
Vial #	Lot #	Puncture Date & Time	# Doses Drawn	Volume Drawn (per dose - mL)	# Doses Administered	# Doses Wasted (*Reason)	Vaccination Event	# Doses Entered	

Signature + Credentials	Name (Printed)	Initials



**COMMUNITY PARTNER
 COVID-19 VACCINE CLINIC SUMMARY**

Clinic Location:
Clinic Contact:
Clinic Date:

INSTRUCTIONS
<ol style="list-style-type: none"> On each clinic day, please complete <u>one clinic summary for each vaccine product used</u>. If multiple vaccine products are used on a same clinic day, multiple clinic summaries will have to be submitted to RCDHU. Complete the table in the upper right (page 1) with the following information: <ul style="list-style-type: none"> - Clinic location - Clinic contact - Clinic date Indicate the name of the vaccine product used (page 1). For each used vial (one per row), indicate the following (page 1): <ul style="list-style-type: none"> - Vial number - Lot number - Date and time vial was punctured - Total number of doses drawn - Volume drawn per dose (mL) - Number of doses administered - Number of doses wasted (*include reason of wastage) - Name of the Vaccination Event used in COVax - Number of doses entered in COVax - Initials Sign and indicate your name + credentials (page 1). Quantity on Hand Report: <u>After each clinic</u>, indicate the number of vials and pre-drawn syringe(s) – if applicable – remaining in the fridge for the vaccine product used as well as its lot number (page 2). Additional Comment: Please provide any additional comments (e.g.: "remaining pre-drawn syringes to be used tomorrow") (page 2). Email pages 1 AND 2 of the clinic summary to vaccineorders@rcdhu.com.

QUANTITY ON HAND REPORT		
VACCINE PRODUCT: _____		
Lot #	# Vials Remaining	# Pre-Drawn Syringe(s) Remaining
Signature: _____		

ADDITIONAL COMMENTS