**Moderna PCH COVID-19 Vaccine Clinic Tracking Tool**

|  |  |
| --- | --- |
| **PCH Name:** |  |
| **Vaccine Clinic Date:** |  |
| **Time vaccine arrived:** |  |
| **Time vaccine vials punctured:** *(must be used within 24 hours)* |  |
| **# of Moderna vaccine vials delivered:** |  |
| **# of Moderna vaccine 0.5 mL doses delivered:***# of vaccine vials x 10 doses of 0.5 mL per vial* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***# vials used*** | ***# of 0.5 mL doses per vial*** | ***# of wasted 0.5 mL doses*** | ***Lot # of wasted doses*** ***(e.g. EW0199)*** | ***Vaccine Dose*** | ***Resident Vaccinations Administered*** | ***Staff Vaccinations******Administered*** |
| ***# 1st Doses*** | ***# 2nd Doses*** | ***# 3rd Doses for immuno-compromised***  | ***# First boosters*** | ***# Second boosters*** | ***# 1st Doses*** | ***# 2nd Doses*** | **# First boosters** | ***# Second boosters*** |
|  |  |  |  | **0.5 mL doses** |  |  |  |  | N/A |  |  |  | N/A |
| **0.25 mL doses** | N/A | N/A | N/A | N/A |  | N/A | N/A |  |  |

|  |  |
| --- | --- |
| **Total Vaccine Doses Administered:***\*This # MUST equal the number of consents*  |  |
| **Total Vaccine 0.5 mL Doses Wasted & Reason:** |  |
| **Total Vaccine Doses:***\*This # MUST match the # of doses delivered* |  |

**\*\*At the end of the vaccine clinic, send a copy of the completed form by email to** **abell3@wrha.mb.ca** **and include a copy with the consent forms and send via secure courier with tracking and signature receipt to: Attention: PH Clerk CD Unit, 490 Hargrave Street, 2nd floor Winnipeg, MB R3A 0X7**