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

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| **PCH Name:** |  |
| **Holding Point Number:** |  |
| **Name of PCH Vaccine Lead:** |  |
| **PCH Vaccine Lead Phone Number:** |  |
| **Vaccine Clinic Date:** |  |

|  |  |  |  |  |
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| ***Vaccine*** | ***Format*** | ***Vaccine Dose*** | ***# of Resident Vaccinations Administered*** | ***# of Staff Vaccinations***  ***Administered*** |
| **Fluzone® High-Dose Quadrivalent** | Pre-filled syringe | 0.7 mL |  |  |
| **Fluzone® Quadrivalent** | Pre-filled syringe | 0.5 mL |  |  |
| Multi-dose vial | 0.5 mL |  |  |
| **FluLaval® Tetra** | Multi-dose vial | 0.5 mL |  |  |
| **Afluria® Tetra** | Pre-filled syringe | 0.5 mL |  |  |
| Multi-dose vial | 0.5 mL |  |  |
| **Pneumovax 23®** | Pre-filled syringe | 0.5 mL |  |  |
| **SPIKEVAX® XBB.1.5 (Moderna)** | Multi-dose vial | 0.5 mL |  |  |
| **COMIRNATY® Omicron XBB.1.5 (Pfizer)** | Multi-dose vial | 0.3 mL |  |  |

***\*\*At the end of EACH vaccine clinic day, complete this form and send it with the copies of the consent forms to WRHA Public Health for entry into PHIMS.***

* ***Send via secure courier with tracking and signature receipt to: Attention: Public Health Influenza Clerk, 490 Hargrave Street, 2nd floor Winnipeg, MB R3A 0X7***

*OR*

* ***For individual doses administered outside of the mass vaccination clinics, send via fax to (204) 940-2690***