

Clinic Tally of COVID-19 Immunizations for Long-Term Care, Assisted Living and Independent Living



This form is only for facilities who **do not** have access to the [On-Line Clinic Tally](#).

Complete form at the end of each clinic day send to publichealthvaccinemanagement@islandhealth.ca.

| | |
|--------------------------|---|
| Clinic Location: | Facility Type: LTC AL IL |
| Clinic Lead / Immunizer: | Clinic Date: |

| COVID-19 Vaccine Inventory | | | | | |
|-----------------------------------|------------|-----------|--|--------------|---|
| Vaccine Product | Lot Number | Thaw Date | Doses at Site BEFORE Clinic Starts | Doses Wasted | Doses at Site AFTER End of Clinic |
| | | | | | |
| | | | | | |
| | | | | | |

| COVID-19 Doses Administered | | | |
|------------------------------------|---|--|--|
| | Number of Residents / Clients Eligible | Number of Residents / Clients Immunized | Number of Residents / Clients Unable to be Immunized |
| Long-Term Care | | | |
| Assisted Living | | | |
| Independent Living | | | |