Facility Clinic Tally of COVID-19 & Influenza Immunizations





	This form is only	for facilities v	vho do Not have	access to the	On-Line Clinic	Tally.
--	-------------------	------------------	------------------------	---------------	----------------	--------

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

Facility Name:						Clinic Date:							
Island Health Facility	Private / Affiliate		Facility Type: LTG		e: LTC	AL	IL						
ImmsBC Supply Location (name):													
Site Immunizer / Retail Pharmacy:													
	COV	ID-19 Vac	cine lı	nve	entory								
Vaccine Product (Moderna or Pfizer)	Lot Number	Thaw Disca Date			Doses Wasted		Doses Remaining at End of Clinic (Not including wasted)						
Remaining Doses:	Left at Site		Transfer	red t	o Pharmac	v							
Remaining Doses: Left at Site Transferred to Pharmacy Influenza Vaccine Inventory													
	Intiu	ienza vac	cine ir	ive	ntory								
Vaccine Product	Lot Number	Expiry Da	te	Doses on Hand for Clinic		Doses Wasted		Doses Remaining at End of Clinic (Not including wasted)					
Remaining Doses:	Left at Site	Transferred	l to Phari	macy	/								
	COVII	<u>D-19</u> Dose	s Adn	nini	istered								
	Number of Residents Eligible Res		Number of Residents Immunized		Numb Island F STAFF Imi	lealth		Number of Non-Island Health STAFF Immunized					
Long-Term Care													
Assisted Living													
Independent Living													
	<u>Influe</u>	enza Dose	s Adn	nini	stered								
	Number of Residents Eligible			er of Island		ber of Health nmunized		Number of Non-Island Health STAFF Immunized					
Long-Term Care													
Assisted Living													
Independent Living													