

Facility COVID-19 Clinic Tally Form

Long-Term Care (LTC), Assisted Living (AL) and Independent Living (IL) Facilities



Island Health

➤ 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:	LTC AL IL
ImmsBC Supply Location (name):			
Site Immunizer	Retail Pharmacy	Retail Pharmacy Name:	
Immunizer Name:		Immunizer Email:	

COVID-19 Vaccine Inventory (2025-2026)

Vaccine Product (Moderna or Pfizer)	Lot Number	Thaw Discard Date	Doses on Hand for Clinic	Doses Wasted	Doses Remaining at End of Clinic (Not including wasted)

Remaining Doses: Left at Site Transferred to Pharmacy

COVID-19 Doses Administered (2025-2026)

	Number of Residents Eligible	Number of Residents Immunized	Number of STAFF Immunized
Long-Term Care			
Assisted Living			
Independent Living			