

Clinic Tally of COVID-19 Immunizations

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



- 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 and send to publichealthvaccinemanagement@islandhealth.ca

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|---|---|
| Facility Name: | Clinic Date: |
| Island Health Facility Private / Affiliate | Facility Type: LTC AL IL |
| ImmsBC Supply Location (name): | |
| Site Immunizer / Retail Pharmacy: | |

| COVID-19 Vaccine Inventory | | | | | |
|--|------------|----------------------|---------------------------------------|-----------------|--|
| Vaccine Product (Moderna or Pfizer) | Lot Number | Thaw Discard Date | Doses at Site BEFORE Clinic Starts | Doses Wasted | Doses at Site AFTER End of Clinic (Not including wasted) |
| | | | | | |
| | | | | | |
| Remaining Doses: | | Left at Site | Transferred to Pharmacy | | |

| COVID-19 Doses Administered | | | | |
|------------------------------------|---------------------------------|----------------------------------|---|---|
| | Number of Residents Eligible | Number of Residents Immunized | Number of Island Health STAFF Immunized | Number of Non-Island Health STAFF Immunized |
| Long-Term Care | | | | |
| Assisted Living | | | | |
| Independent Living | | | | |