

Primary Care - COVID Vaccine Clinic End of Clinic Tracking

Clinic Summary

Clinic location: _____

Clinic date: _____

Hours of operation: _____

Attendance summary

Number of clients booked	
Number of clients vaccinated	
Number of clients booked but not vaccinated	
Reason for not being vaccinated:	
• Revoked consent	
• Health care professional advised to delay	
• Did not meet eligibility	
• Did not have an appointment	

Vaccine summary

Antigen typed: _____

Lot #: _____

Expiry date: _____

vials received: _____

doses administered: _____

extra doses: _____

doses wasted: _____

Cold chain:		
Were there any out-of-range temps during transport?	YES	NO
Please briefly describe the disruption.		

Clinic Operations

# of AEFIs (Adverse Effects from Immunizations):	
Please briefly describe the AEFIs:	

**To assist with planning future Primary Care lead clinics, what worked well?
(consider location, timing, staffing, etc.)**

To assist with planning future Primary Care lead clinics, what could be improved?

Please enter the number of individuals in each role:

Immunizers	
Vaccine prep	
Clinic leadership	
Registration	
Support staff	