

Immunizer Documentation Sheet

Immunizer Name and Designation:

		Vaccine Manager Signature	Immunizer signature
Number of syringes			
Syringe expiry time			

Doses Administered Tally Example:  = 5 doses	
--	--

Once syringes administered, Immunizer Must Complete:

Total number of syringes administered:	
Were syringes added to the cart? If so, how many, from where and why?	
Were syringes removed from the cart? If so, how many, from where and why?	
Were any syringes not administered and if so, why not?	

**** Return wasted or unused syringes to the Clinic Lead

**** Return this completed form to Clinic Lead with matching consent forms attached

**** If medical emergency occurs, call for lead on floor. If no lead is visible, text MEDICAL EMERGENCY and LOCATION to clinic lead