

## COVID-19 Daily Vaccination Clinic Metrics Form

- This form collects key metrics for each COVID-19 vaccination clinic that is held.
- Use this paper form to collect data and email the form to [vaccineinventory@tbdhu.com](mailto:vaccineinventory@tbdhu.com) as soon as the clinic is complete; please note “metric form” in the subject heading.
- If your clinic spans two days at one facility, we will need a separate form completed for each day.

<b>Name of Person Completing Form:</b>	
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### Clinic Information

<b>Date of Clinic:</b>	
<b>Vaccine Event in CoVaxON:</b>	

### Vaccine Usage

\*This section must be completed in full and should balance with inventory in CoVaxON. Forms required within 48 hours of clinic.

	<b>Pfizer BioNTech Cominarty XBB.1.5. (12+ yrs)</b>	<b>Pfizer BioNTech Cominarty Bivalent (Grey Cap)</b>	<b>Pfizer BioNTech Cominarty Pediatric Bivalent (Orange Cap) 5-11 years</b>	<b>Moderna Spikevax XXB.1.5. (6 Months+)</b>	<b>Moderna Spikevax Bivalent (6 Months +)</b>	<b>Moderna Spikevax Pediatric (0-4 yrs)</b>
Lot number						
Number of vials used						
Number of vials returned/transferred to another vaccine event (VE)  <i>Please indicate the VE the vials/doses have been transferred to.</i>						
Numbers of vials remaining at your site						
Cold chain expiry date for vials remaining						

**See page 2 for Vaccine Wastage**

## Vaccine Wastage

\*This section must be completed in full

	Pfizer BioNTech Cominarty XBB.1.5. (12+ yrs)	Pfizer BioNTech Cominarty Bivalent (Grey Cap)	Pfizer BioNTech Cominarty Pediatric Bivalent (Orange Cap) 5-11 years	Moderna Spikevax XXB.1.5. (6 Months+)	Moderna Spikevax Bivalent (6 Months +)	Moderna Spikevax Pediatric (0-4 yrs)
Number of Full Doses drawn up						
Number of Half Doses drawn up		N/A	N/A			N/A
Total Number of Doses Administered						
Number of Doses Wasted						
Date and Time of Wastage						
Please explain reason for wastage in detail						

## AEFIs

Number of adverse events following immunization:	
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## Documentation

What type of documentation was utilized on site today?	
<input type="checkbox"/> COVaxON <input type="checkbox"/> Paper forms <input type="checkbox"/> Both <input type="checkbox"/> Other (please describe):	
Please ensure doses administered are documented in COVaxON <u>within 48 hours of administration</u> .	
If you used paper consent forms, how many were used:	

## Feedback

What things worked well at clinic site today?	What challenges were experienced today at the clinic?	What areas are there for improving future clinics?