Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

COVID-19 Vaccine CLINIC SUMMARY

Clinic Date:	
Clinic Location:	
Clinic Lead:	

Name of Vaccine & Diluent (If applicable)	**Lot # (s)**	**# Vials Brought to Clinic**	**# Vials Punctured**	**# Extra Doses**	**# Doses Wasted**	**Moderna Doses**		**COVax**		**# Doses Remaining / Returned to Fridge/Freezer**
						#Half	**#Full**	**# Consents entered**	**# No Data Collection**	

Wastage			
Reason(s) for Wastage & # Doses Wasted	**Date & Time of Wastage**	**Signature**	**Designation**

Comments