

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

Clinic Date:	
Clinic Location:	
Clinic Lead:	

## Community Partner COVID-19 Vaccine Clinic Summary

Name of Vaccine & Diluent	l ot # (s)	# Vials	# Vials	# Extra Doses			Moderna Doses		COVax		# Doses Remaining /
(If applicable)	Lot # (s) I	Brought to Clinic	Punctured				Wasted	#25mcg	#50mcg	#100mcg	# Consents entered

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

	Comments	



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