

COVID19 VACCINATION EVENT VACCINE TRACKER

Event Date: _____

Event Location: _____

Team Leads: _____

Vaccine Type:

Vials Provided	Lot #	Expiration:	BUD:

TOTAL VIALS: _____

Vaccine deliveries or transfers NOTE HERE:

***** TO BE COMPLETED BY TEAM LEAD AT END OF EVENT*****

Shots Given: _____

Full Vials On-Site: _____ Partial Vials/Doses Wasted: _____

Sign to Affirm: _____