

Today _____, I am working as a Pfizer Pediatric Vaccinating Nurse at _____ Affiliated Physicians Vaccination Clinic. Prior to the event start time, Head Clinician/ Managing Lead _____ completed a training on the characteristics of this vaccine dose. I am aware that the dose of the Pfizer Pediatric Vaccine I will be administering today is 0.2mL, administered using a 5/8"-1" 22-25 g needle.

Vaccinating Nurse Names: (print and sign)

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Head Clinician / Managing Lead: (print & sign)

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Site Manager: (print & sign)

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