

Today _____, I am working as a Pfizer 12+ 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 0.3mL, and is only to be administered to those 12 years old and above.

Vaccinating Nurse Names: (print and sign)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Head Clinician / Managing Lead: (print & sign)

_____	_____
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Site Manager: (print & sign)

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