City of Toronto Vaccination Strategy for Homebound Persons

COVID-19 Vaccination Team Counts Form

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| Send a copy of this form to |  | after each vaccination day (***by 3:30pm***) |
|  | *(site lead contact)* |  |

|  |  |
| --- | --- |
| Date: |  |
| Homebound Vaccination Team: |  |

|  |  |  |
| --- | --- | --- |
| **Vaccine lot #:** |  |  |
| **Vaccine expiry date:** |  |  |
| **Total doses administered:**  |  |  |
| Homebound persons: |  |  |
| ECGs: |  |  |
| **Number of Vials Received:** |  | *(if applicable)* |
| # of Syringes Drawn from Vials: |  |  |
| Time of Vial Puncture (per vial): |  |
| **# of Un-punctured Vials Left:** |  |  |
| **# of Vials Discarded:** |  |  |
| **# of Syringes Received:** |  | *(if applicable)* |
| **# of Unused Doses and Rationale:** |  |  |