**Clinic Site Name**: «Location»

**Clinic Date & Time:** «Date» «Shift»

**Team Leader**: «Account»

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VACCINE | Beginning Balance | Shots Given | Wasted | Transferred | Ending Balance |
| Influenza  6months & Older |  |  |  |  |  |
| FLUAD AD  65 & Older |  |  |  |  |  |
| Shingles/Shingrix |  |  |  |  |  |
| Prevnar 20  PCV20 65 & Older |  |  |  |  |  |
| Pneumovax 23  PPSV23 65 & Older |  |  |  |  |  |
| TDAP/Boostrix  7yrs & Older |  |  |  |  |  |
| HEP A/Vaqta  19yrs & Older |  |  |  |  |  |
| Hep A-Hep B  Twinrix 18yrs & Older |  |  |  |  |  |
| Hep B/Engerix-B  Birth to 19yrs  3 Dose |  |  |  |  |  |
| Hep B/Heplisav-B  18yrs and Older  2 Dose |  |  |  |  |  |
| RSV  60yrs & Older |  |  |  |  |  |
| Rabies/Rabavert |  |  |  |  |  |
| Meningococcal  A, C, Y and W-135 |  |  |  |  |  |
| Moderna  6m-5yrs |  |  |  |  |  |
| Moderna  6yrs & Older |  |  |  |  |  |
| Pfizer  6m-4yrs |  |  |  |  |  |
| Pfizer  5yrs-11yrs |  |  |  |  |  |
| Pfizer  12yrs & Older |  |  |  |  |  |
| PPD/Tubersol  TB Placement |  |  |  |  |  |

Total Shots Given:

**\*\*\*\* See reverse side for payment**

**Consent Forms**: \_\_\_\_\_Match the service/immunization/screening in TimeTap with what is on the Consent Form

\_\_\_\_\_ Ensure all fields on Consent Form are Complete & Signatures are present

\_\_\_\_\_\_ Check Patient Notes printed at the top of Consent Form

**Patient**: \_\_\_\_\_\_ Each patient received Notification of Vaccination Sheet/Card with vaccine name, lot number and date of dose

\_\_\_\_\_\_ PA PIERS check Look up past vaccines in ensuring correct dates of previous vaccinations and to prevent duplicate doses

\_\_\_\_\_\_ Patient received reminder card for 2nd dose clinic if applicable

**Post Event:** <https://pathwayswellnessprogram.com/staff-clinic-forms/>

\_\_\_\_\_\_\_ Complete your Time Card on Shiftboard

\_\_\_\_\_\_\_ Complete the Post Event Survey on Pathways employee link above

\_\_\_\_\_\_\_ Email Copy of Clinic Summary Sheet to [Aleah@PathwaysWellnessProgram.com](mailto:Aleah@PathwaysWellnessProgram.com)

\_\_\_\_\_\_\_ Set up meeting with Aleah within 3 business days to return clinic packet

|  |  |
| --- | --- |
| **Payments Received** | |
| Cash Total |  |
| Credit Card Total |  |
| Check Total |  |
| Total Collected |  |

|  |  |  |
| --- | --- | --- |
| **Office Use** | | |
| Date Packet is Received in the Office: | | |
| Data Entered: | | |
| Staff Inventory | I Drive | PIERS |
| Office Inventory | Clarity Soft |  |

Admin/Team Lead Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admin/Team Lead Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_