COVID-19 Vaccination Debrief Form

Please complete and e-mail back to Erin Maus at CSB at Emaus@csb.org

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| Date: | Shelter Location: | Healthcare Provider: | Vaccine (check one)   * Moderna * Pfizer |
| Clients vaccinated – 1st dose   * # Scheduled: * # Walk-ups: | | | |
| Clients vaccinated – 2nd dose   * # Scheduled: * # Walk-ups: | | | |
| What went well? | | | |
| What needs our attention moving forward? | | | |
| Other observations? | | | |
| Completed by: | | | |