COVID-19 Vaccination Debrief Form

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |