COVID-19 Vaccination Registration

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Shelter Location: | Healthcare Provider: | Vaccine (check one)* Moderna
* Pfizer
 |

Client Sign-Out

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ID | First Name | Last Name | Phone | Email | Date of Birth | Dose |
| 1 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 2 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 3 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 4 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 5 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 6 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 7 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 8 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 9 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
 |
| 10 |  |  | ( )  |  |  / / | * 1st dose
* 2nd dose
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