COVID-19 VACCINE LOG

Facility Name: _____

Date	Patient Name and/or Identifier (MBI or Acct/MR#)	Insurance or Financial Class	Pfizer Dose 1 0001A	Pfizer Dose 2 0002A	Moderna Dose 1 0011A	Moderna Dose 2 0012A	Astra Zeneca Dose 1 0021A	Astra Zeneca Dose 2 0022A	Jannsen J&J One Dose 0031A	Consent	Staff Initials