

Pharmacy Vaccine Administration Log

Quality Control

DATE ____ / ____ / ____	PHARMACY	PHARMACIST
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	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5	PATIENT 6	PATIENT 7	PATIENT 8
Patient name								
Date of birth								
Vaccine name								
Manufacturer								
Lot number								
Expiry date								
Dose (1st, 2nd, booster)								
Route and site								
VIS date provided								
Consent obtained								
15-min observation complete								
Adverse reaction								
Pharmacist initials								

Notes
