

COVID-19 Vaccination Clinic Line Listing

Community Name: _____ Date: _____

___ COVPBmRNA (Pfizer/BioNTech)	0.3 mL IM	Lot # _____
___ COVMODmRNA (Moderna)	0.5 mL IM	Lot # _____
___ Other _____	_____	Lot # _____

Patient #	First & Last Initial (For internal use ONLY)	Age	Gender		Category Number	Dose 1 of 2	Dose 2 of 2
		In years	M	F	1 through 7 See "categories" below	Mark with "X" in appropriate column	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

REQUIRED REPORTING TO FNIHB (HIGHLIGHTED IN BLUE)					Categories		
						Total per Category	Description
					1		Health Care Workers (HCW): Not including Long Term Care (LTC) and Designated Living Facilities (DSL)
					2		LTC/DSL Staff
					3		LTC/DSL All Residents
					4		Recommended Based on Advanced Age (65+. 70+. 75+)
					5		Other Congregated Care Living Environments: Senior Lodges, Non-Senior Lodges, Group Homes, Corrections
					6		Essential Service Workers and Workers that are critical to maintain health and safety. Does NOT include HCWs
					7		16 years to 64 years

