

COVID-19 Vaccine Preparation Checklist

Community		Designated Vaccine Coordinator	
Estimated Number of Resident:	Estimated Number of Staff:	Total:	

Pharmacy Partner		Pharmacy Contact (If known)	
Vaccine Clinic Date #1	Vaccine Clinic Date #2	Vaccine Clinic Date #3	

		Done	Notes
1.	Received initial email confirmation from pharmacy partner		
2.	Viewed educational webinar from Allen Flores Consulting Group (click here to view)		
3.	Provided updated contacts to pharmacy partner		
4.	Received direct communication from pharmacy partner to confirm vaccine clinic dates		
5.	Identified location for clinic with sufficient space for social distancing		
6.	Clinic space has an area for observation of participants post vaccination		
7.	Rolling cart and staff are available to assist if pharmacy decides to administer door to door		
8.	Provided educational material to residents, families, and staff members		
9.	Initiated vaccine tracking form/spreadsheet		
10.	Completed resident vaccine administration record / consent forms		
11.	Completed staff/personnel vaccine administration record / consent forms		
12.	Made copies (front and back) of all participant insurance cards (uninsured participants will be vaccinated at no charge)		
13.	Provided completed forms to pharmacy partner (if required)		
14.	Uploaded participant data into Vaccine Clinic Scheduler (CVS only)		