

COVID-19 Vaccine Clinic Sign-Off Sheet

Name: _____

Pharmacy Technician Pharmacist

To be signed-off by Clinic Lead:

Proper Hand Hygiene in the Vaccine Clinic

Demonstrates how to properly clean hands prior to donning gloves for vaccine preparation	(Clinic Lead to Sign Here)
Demonstrates how to properly clean hands while wearing gloves for vaccine preparation	(Clinic Lead to Sign Here)

Drawing up Vaccine Doses

Demonstrates how to accurately draw up and label 10 vaccines for administration	(Clinic Lead to Sign Here)
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Reconstitution of Pfizer COVID-19 Vaccine Vials

Demonstrates how to accurately reconstitute and label 3 Pfizer COVID-19 vaccine vials	(Clinic Lead to Sign Here)
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Printed Name of Clinic Lead: _____

- This completed form must be emailed/scanned to Laura Duvall, Pharmacy Learning Coordinator, at laura.duvall@ohiohealth.com within 1 week of beginning work onsite in the clinic
- CE for the completed course will be released within 30 days of receipt of this form
- No CE will be awarded if the form is not received within 30 days