FACILITY COVID-19 VACCINATION STATUS LOG

INSTRUCTIONS: This log is a *confidential* document to be used only within the facility by authorized individuals for the purpose of recording and tracking compliance with the Omnibus COVID-19 Health Care Staff Vaccination Rule [CMS-3415-IFC]. Record each individual's name then assign the appropriate status as applies to your facility. Record the 1st and 2nd vaccine doses (if individual received a 1-dose vaccine, record that in Vaccine 1st Dose then select N/A in the Vaccine 2nd Dose field). Record all booster doses. Record any exemption granted or denied. Additional comments are recorded on next page.

NAME/STATUS	VACCINE 1st DOSE	VACCINE 2nd DOSE	BOOSTER DOSE(S)	EXEMPTION GRANTED	EXEMPTION DENIED
○ Employee ○ Trainee ○ Volunteer ○ Student	Date: Vaccine Name:	Date:	Date/Vaccine Name: 1	Date: Medical	Date:
O Licensed Practitioner O Contractor			3	O Religious	
○ Employee ○ Trainee ○ Volunteer ○ Student ○ Licensed Practitioner ○ Contractor	Date: Vaccine Name:	□ N/A Date; Vaccina Name:	Date/Vaccine Name: 1 2 3	Date: O Medical Religious	Date:
O Employee O Trainee O Volunteer O Student O Licensed Practitioner O Contractor	Date:	□ N/A Date: Vaccine Name:	Date/Vaccine Name: 1 2 3	Date: O Medical Religious	Date:
○ Employee ○ Trainee ○ Volunteer ○ Student ○ Licensed Practitioner ○ Contractor	Date:Vaccine Name:	D N/A Date: Vaccine Name:	Date/Vaccine Name: 1 2 3	Date: Medical Religious	Date:
O Employee O Trainee O Volunteer O Student O Licensed Practitioner O Contractor	Date: Vaccine Name:	Date: Vaccine Name:	Date/Vaccine Name: 1 2 3	Date: O Medical O Religious	Date:
O Employee O Traines O Volunteer O Student O Licensed Practitioner O Contractor	Date: Vaccine Name:	□ N/A Date: Vaccine Name:	Date/Vaccine Name: 1 2 3	Date: O Medical O Religious	Date:
O Employee O Trainee O Volunteer O Student O Licensed Practitioner O Contractor	Date: Vaccine Name:	Date: Vaccine Name:	Date/Vaccine Name: 1 2 3	Date: O Medical O Religious	Date:
O Employee ○ Trainee ○ Volunteer ○ Student ○ Licensed Practitioner ○ Contractor	Date: Vaccine Name:	Date:	Date/Vaccine Name: 1 2 3	Date: O Medical O Religious	Date:

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		COMMENTS		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
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DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
	Briggs			
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		
DATE:	NAME:	COMMENTER SIGNATURE/TITLE:		

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BRiGGS Healthcare