

## 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 |
|--|------------------------------------|--|---|---|------------------|
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |
| <input type="radio"/> Employee <input type="radio"/> Trainee <input type="radio"/> Volunteer <input type="radio"/> Student<br><input type="radio"/> Licensed Practitioner <input type="radio"/> Contractor | Date: _____<br>Vaccine Name: _____ | <input type="checkbox"/> N/A<br>Date: _____<br>Vaccine Name: _____ | Date/Vaccine Name:<br>1 _____<br>2 _____<br>3 _____ | Date: _____<br><input type="radio"/> Medical<br><input type="radio"/> Religious | Date: _____      |

