

## 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 reverse.

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

# FACILITY COVID-19 VACCINATION STATUS LOG

COMMENTS		
DATE:	NAME:	COMMENTS
DATE:	NAME:	COMMENTS
DATE:	NAME:	COMMENTS
DATE:	NAME:	COMMENTS
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DATE:	NAME:	COMMENTS
DATE:	NAME:	COMMENTS

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