Station participant log

Contractor Name: _____ Date: _____

Quest Event ID: _____ Vaccine Lot No. _____

iPad Serial #: _____ Vaccine Expiration Date: _____

If high dose (65+) vaccine is given, please notate with a star next to the participants name

	Participant first name	Participant last name	R/L Arm
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	Participant first name	Participant last name	R/L Arm
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Instructions for Contractor: Record the name and arm for each participant seen. Ensure names on document are kept confidential.