Post Event Summary

Event Summary must be completed on the ipad or phoned in to (855) 706-6495 within 2 hours of the event completion. If there were any other issues not listed below, please call Provider Relations at (855) 706-6495. Return completed form to TotalWellness.

Client Name:	**Event Date:**	**Quest Event ID:** **TW Event ID:**
How many total participants were vaccinated? How many received the standard dose? How many received the high dose (65+)?	How many vaccinated did not have an appointment?	
Were there any missing providers? ❑ YES ❑ NO	If yes, provide name(s) of the missing provider(s):	
Were there any late providers? ❑ YES ❑ NO	If yes, provide name(s) of the late provider(s) and their arrival time:	
Did any providers leave early without approval? ❑ YES ❑ NO	If yes, provide name(s) of provider(s) who left early and their departure time:	
Did any scheduled participant wait longer than 15 mins? ❑ YES ❑ NO	If yes, why?	
Were there enough supplies available? ❑ YES ❑ NO	If no, why?	
Did the event start on time? ❑ YES ❑ NO	If no, why?	
Did the event end on time? ❑ YES ❑ NO	If no, why?	
Was your vaccine maintained at the optimal temperature during storage and transport to the event? ❑ YES ❑ NO	If no, was the temperature indicator activated? ❑ YES ❑ NO	
Was EPI administered onsite? ❑ YES ❑ NO	If yes, why?	
Was 911 called and incident report filled out? ❑ YES ❑ NO	If no, why not?	
Tracking # for any paperwork return:		
Any other issues?		

Provider Confirmation Detail - Record this information after making your Post Event Summary Call
PR Rep Name: _____ Date Completed: _____ Time Completed: _____am/pm