**Covid 19 Vaccination Patient Contact learning log**

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| **Number of days as Vaccinator –** **Location of vaccination centre –** **Total amount of vaccines administered –**  |

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| **List and describe, in detail, the training you underwent to perform the role of vaccinator –**  |
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| **Did you receive induction training at the centre? If so, please list what was included in this training –**  |

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| **While reflecting on your time as a vaccinator, is there any training that you now think should be included for the role?** |

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| **Please reflect on the interactions you had with vaccinators of similar or higher clinical level -**  |

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| **Please reflect on the patient interaction in relation to the patient’s thoughts and feelings of receiving the Covid 19 vaccination -** |

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| **Did you experience any nervous patients and if so, how did you deal with the delivery in contrast to another patient?** |

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| **Did you experience any patients who had an adverse reaction to the vaccine? If yes, please expand on their reactions and your involvement of their care -**  |

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| **Which vaccines did you administer? Please reflect on the differences of each vaccine -**  |

**Please ensure to include a completed vaccinator certificate**