

Appendix C: Readiness Report

**Readiness Report – to be completed and submitted by December 1**

Date: (yyyy-mm-dd) \_\_\_\_\_ Facility: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

(Name)

(Phone #)

Unit	# of residents	# of residents immunized for seasonal influenza	# of pre-printed orders (prophylaxis and treatment) for residents	# of residents with up to date immunizations for COVID-19	# of staff	# of staff immunized for seasonal influenza	# of staff with up to date immunizations for COVID-19
<b>Total #</b>							

Total number of available beds in facility

Total number of beds occupied

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fax to YCDC (867) 667-8349 or email YCDCSurveillance@gov.yk.ca**