



## Vaccine Temperature Log (Celsius)

Name of Medical Clinic: \_\_\_\_\_

Days 1-15

Date: \_\_\_\_\_

| Day of Month             | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 |
|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Exact Time               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| °C Temp                  | AM | PM | AM |
| Min                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Max                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 11°                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 10°                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 9°                       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Refrigerator temperature | 8° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 7° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 6° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 5° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 4° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 3° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                          | 2° |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 1°                       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 0°                       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| -1°                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Room Temp                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Initials                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |