

The COVID-19 Vaccine Screening Form is designed to guide you through the screening process of patients and the decision support to order the appropriate COVID-19 Vaccine. The form will be updated periodically per State and regulatory guidelines.

Documenting in the COVID-19 Vaccine Screening Form

As part of the patient intake process the COVID-19 Vaccine Screening Form will be included within some intake forms that are used to document upon patient arrival. The workflow begins with the intake form open for documentation.

Complete the form as guided.

➤ Patient Type

- **NLH Employee, SHARE with HR/WH:** Used for NLH Employees who agree to share vaccine record with NLH Human Resources/Work Health. If selected, enter the **Employee #** in the box indicated.
- **NLH Employee, Do NOT Share with HR/WH:** Used for NLH Employed who decline sharing of vaccination with NLH Human Resources/Work Health.
- **Non-Employed Staff:** Used for Locum Providers, Travelers, etc.
- **Essential Worker, non-NLH:** Used for non-NLH Essential Workers, such as private practice physicians, dentists, clinical staff, etc.
- **Patient:** Used for patients in Hospital, Mass Vaccination, Physician Office/WIC/Outpatient, and Work Health settings respectively.

➤ Vaccine Acceptance

- Indicate if the patient accepts, declines, or vaccine not available.

➤ Patient Age

- Indicate age range of patient, the age will display from the patient's record for reference.

31 years
<small>Patient Age above - select correct age range on right.</small>

NOTE: Refer to check IMMUNIZATION record and with patient for history. COVID vaccine administration charted within Cerner.

Last Charted Covid-19 Vaccination Last Charted OTHER Covid-19 Vaccine: SARS-CoV2 ChAdOx1 vac,rcmb(Astra-Zeneca): 0 Unknown Unit (01/28/21 00:00:00)
--

➤ Has the patient received a (current year) updated COVID-19 vaccine this season?

- Indicate how many have been received.

➤ When was the last dose received?

- Indicate when the last dose was given.

➤ Select any precautions or contraindications that apply.

- Select any precautions/conditions that apply.
 - If **None** is selected, the form continues to next section.
 - If **Anaphylactic reaction due to Covid vaccination** is selected, patient is not eligible for vaccination at this time. This will stop the screening process and the form can be signed by clicking the green checkmark in the top left of the form.
 - If any other choices are selected, indicate if the **Provider assessed and ordered vaccine** by selecting **Yes** or **No**.
 - **No** will stop the form.

➤ Immunocompromise Status

- Select the appropriate check box to indicate **Immunocompromise Status**.

NOTE: Based on documentation of last brand/dose, timing of last dose given and immunocompromise status the Patient Vaccine Eligibility will show, and the Vaccine for the appropriate age will be selected.

➤ Patient Vaccine Eligibility

- Indicates if patient is eligible for the vaccine.
 - **Vaccine not due at this time**, this will stop the screening process and the form can be signed by clicking the green checkmark in the top left of the form.
 - **May offer the COVID vaccine**, the form continues to next section.
 - **Request Provider to assess history and order if indicated**, this will stop the screening process and the form can be signed by clicking the green checkmark in the top left of the form.

<input type="radio"/> Vaccine not due at this time
<input checked="" type="radio"/> May offer covid vaccine
<input type="radio"/> Request Provider to assess history/order if indicated

➤ COVID Vaccine dosing

- COVID Vaccine will auto-select based on age if eligibility option is may offer covid vaccine.

➤ Vaccination Information Statement (VIS)

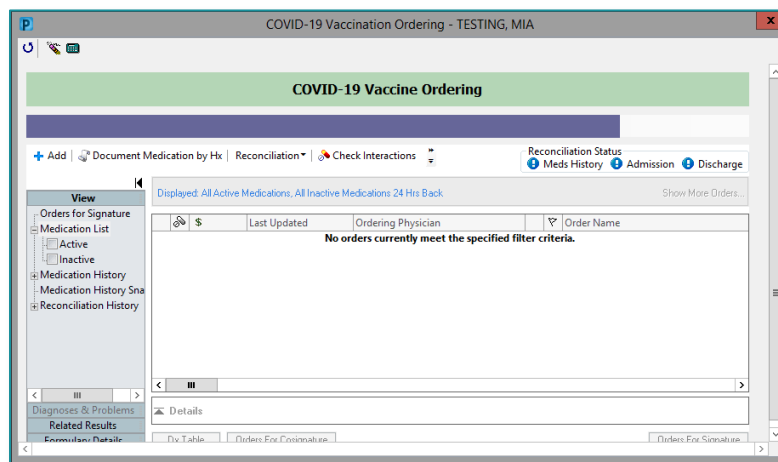
- Select appropriate option.


➤ VIS Publication Date

- Select appropriate option.

➤ Patient Location

- Enter vaccine order (Amb, Outpt & WIC)
 - From the COVID-19 Vaccine ordering window, select **+** Add to enter the applicable Vaccine order.



- Once the order is placed, select the  icon to return to the Vaccine Screening Form to sign.