Today	, I am working in registration at _		Affiliated Physicians	
Vaccination Clinic. Prio	or to the event start time, program/site manager of	or OSS lead	completed a	
	ring a client for vaccination. I am aware of my res		·	
Be attentive to	o clients and greet them			
No cellphone/	No cellphone/Air Pod use			
• IPads are for <b>c</b> o	ompany use only and I am responsible for using p	personal log-in only		
<ul> <li>Registration pl</li> </ul>	edge is present at table			
<ul> <li>Verify and con</li> </ul>	and confirm age and vaccine dose			
<ul> <li>Verify and con</li> </ul>	Verify and confirm appointment number, date and location			
Never cancel a	Never cancel an appointment unless escalated to on-site leadership			
<ul> <li>Verify ID and P</li> </ul>	POV. If neither are present, I will escalate to on-sit	e leadership		
Escalate early	dose attempts and have paper consents on hand			
<ul> <li>Escalate WHO</li> </ul>	approved vaccines to on-site leadership			
<ul> <li>Use the translate</li> </ul>	ation application on the iPad if client is a foreign s	peaker		
<ul> <li>Updated EUA /</li> </ul>	/ DOH attestation QR code present for client			
Use generic email address (vax@nyc.gov) when necessary				
Have discretion/accuracy when obtaining demographic information and having client confirm accuracy				
	isqualifying questions and confirming acknowledg	_	·	
	ralify any client unless escalated and if disqualified		ate DQ form	
•	ate wrist bands present for registration table (12-			
correct client		0 ,		
	an and tidy registration area			
	, 0			
Registration (Name and	d Signature)			
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Site Manager/ OSS Lea	nd (Name and Signature)			
Site Manager/ OSS Led	a (Marine and Signature)			
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