

Registration Top Priorities

I WILL:

1. I **WILL** STOP and ask for assistance from my Site Manager if I need it.
2. I **WILL** utilize a translator or translation line for ALL foreign language barriers.
3. I **WILL** confirm correct AGE, DOB, and vaccine type and dose by asking the following before sending anyone to vaccination:

“What Vaccine are you here for today?”

“Are you moderately to severely immunocompromised?”

“How old are you?”

“What is your DOB?”

4. I **WILL** check AP’s flagged list before proceeding with registering my patient.
5. I **WILL** complete all data points thoroughly without skipping steps. I **WILL** confirm 100% accuracy before submitting data in the Clinic Portal.
6. I **WILL** (NOT my patients) click ‘**Next**’ and ‘**Submit**’ for all clinic portal pages.

For Pediatric Patients Ages 6 months - under 6 years

My patient's birth date MUST be AFTER today's date in 2016 and at least 6 months BEFORE today's date.

I will escalate all questions, concerns, and issues immediately to my Site Manager or Program Manager accordingly, OR call the Hotline if needed @ (646) 535-2318