

# Vaccine Clinic Pledge

## I WILL NOT

1. I **WILL NOT** change to another vaccine type station during any event.
2. I **WILL NOT** combine stations deviating from the approved configuration.
3. I **WILL NOT** have multiple manufacturer vaccines at any one vaccination station.
4. I **WILL NOT** vaccinate if my patient is not **age appropriate** for the vaccine I am administering.

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## I WILL

5. I **WILL** complete all data points thoroughly without skipping steps. I will confirm 100% accuracy before vaccinating or submitting any data in the Clinic Portal.
6. I **WILL** check **AGE**, and confirm my patient is at correct vaccine dosing station.
7. I **WILL** refer to the checklist confirming all steps followed before administering vaccine to my patient.
8. I **WILL** label all vials with initials, date, and time of puncture and check vaccine expiration time before administering vaccine.
9. I **WILL** report all medication and documentation errors immediately.
10. I **WILL** utilize the language line service for ALL language communication barriers.

***For Pediatric Patients Ages 6 months - under 5 years***

My patient's birth date MUST be AFTER today's date in 2017 and at least 6 months BEFORE today's date.

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