**Client Presents for COVID-19 Vaccine** 18+ for Moderna Vaccine

**Confirm Appointment** or Sufficient Vaccine On Hand & Trained Pharmacist or NP Available

Vaccine

No to all on

screening

form

Take Name, Email Address & Cell Phone Number & Forward to Greg @ Bay St.

Advise patient that NP will contact patient for appointment \*when vaccine is available \* & patient should attempt all available options to obtain vaccine

**COVID-19 VACCINATION** PROTOCOL FLOWCHART

Consult COVID-19 Vaccine- Pre-Screening Assessment Tool for Health Care **Providers** 

Yes on Screening Form

**Patient Must Complete** 

1. COVID-19 Vaccine **Screening Form** 

2. COVID-19 Vaccine **Consent Form** 

\*\*\*COMPLETELY\*\*\* And \*\*\*LEGIBLY\*\*\*

**Process vaccine** through PharmaClik (Prescriber is **Pharmacist on Duty)** 

NP

**Administers** 

**Pharmacist must** check vaccine

> Pharm. Administers

**Pharmacist Administers Vaccine** 

NP Administers Vaccine & **Completes Documentation** on Page 4

"On Behalf of" or "Authorized By" section is **Pharmacist on Duty** 

Authorized By

Location

Given By (Name,

Scan Consent into PharmaClik after completion



**Vaccinator to** assess and follow recommendation of Screening Assessment Tool

**Document** 

will be sent via email or text **Message (With Link to Print)** 

\*\*\*4 MONTHS\*\*\* & Subject to Change

Consent form to be left for Greg in designated area for entry into **COVAXon** 

Provide Wallet Card PharmaClik Sticker & **After Your Covid-19** Vaccination Handout

Advise patient to remain in pharmacy for 15 minutes

**MOH Confirmation** 

**Next Appointment Date** 

**Current 2nd Dose Timeframe**