

Medical Screener Job Aid

Activity	Procedure	Forms
Overview of Forms	<ol style="list-style-type: none"> 1. Assure that patient has pre-screened him/herself and has completed all necessary medical forms. Provide assistance if necessary with form completion. 2. Assure <i>patient demographic information</i> is complete & accurate on all forms prior to sending to vaccination station. 	<ol style="list-style-type: none"> 1. Pre-Event Screening Worksheet 2. Patient Medical History and Consent Form 3. Smallpox Vaccination Record
Review Contraindications	<ol style="list-style-type: none"> 1. Review conditions listed on the medical history form with patient and verify that patient understands conditions. Encourage questions. 2. Review risk factors for HIV if patient is unsure of risk factors. (Laminated Risk Factor Sheet may be helpful) 3. If patient unsure of risk status for HIV or pregnancy, provide testing information and <i>defer vaccination</i>. (Direct deferred patients to clinic exit and place medical history and consent form in box provided for deferred patients) 4. Assure individual has a Vaccine Safety Monitor & backup physician in place. Defer vaccination if VSM and/or backup physician are not identified. 	<ol style="list-style-type: none"> 1. Medical history form 2. HIV risk factors 3. Testing Information Document, listing contact information and test sites.
Refer questions of eligibility to clinic physician	<ol style="list-style-type: none"> 1. When in doubt about whether a patient is eligible to receive the vaccine, refer to clinic physician. Defer or proceed through clinic per physicians recommendations. 	N/A
Defer or Cancel Vaccination	<ol style="list-style-type: none"> 1. Place forms in box provided for deferred patients. (Do not destroy these forms. This data must be entered into database.) If patient reschedules, new forms must be completed on the day of vaccination. 2. If patient needs further evaluation, or if vaccination is postponed, refer to registration desk for re-scheduled appt. 3. If patient is permanently deferred due to contraindications and will not be rescheduled, direct patient to security. 	<ol style="list-style-type: none"> 1. Patient Medical History and Consent Form 2. Vaccination Record
Refer for Vaccination	When satisfied that the pt has no contraindications for vaccination, direct the patient to the waiting area for vaccination and give him/her their paperwork with instructions to give the forms to the vaccinators.	<ol style="list-style-type: none"> 1. Pre-Screening clearance Form 2. Patient Medical History and Consent Form 3. Vaccination Record