

Provider guidance for use of the 2009-2010 H1N1 INFLUENZA VACCINATION CONSENT AND ADMINISTRATION RECORD

General guidance

- Have copies of the Notice of Privacy Practices available for patients and parents/guardians available and consider making laminated copies for people who do not want to be given copies. As an alternative for patients, it can also be accessed at www.hhs.gov/ocr/hipaa. The Notice of Privacy Practices must be offered to all persons receiving or consenting to vaccination. This could be done when a clinic staff person is screening for patient contraindications to vaccination.
- Encourage neat and correct completion of forms by posting large completed copies of the form in the clinic.
- Expect some patients to require clarification in order to answer the questions.
- If a patient does not speak English well, make available interpretation services and/or use the form translations to complete the triplicate form. We are also having this form translated to French, Chinese, Korean, Russian and Vietnamese. We will not have the form printed in these languages. Instead, the interpreted forms will be posted at <http://dhmh.maryland.gov/swineflu/reportingVaccinesAdministered.html> so that people speaking those languages (or those assisting them) will have an opportunity to review the content and format and come to the clinic prepared to complete the English version of the form.
- This is a triplicate form that requires the application of moderate pressure against a hard surface (ie., clipboard or table) so the printing penetrates through to all copies. Copies of this form MAY NOT be used since they will not be acceptable for the scanning process.

Required Data elements:

Only the required data elements listed below are absolutely necessary for a patient to receive the vaccine. A patient should not be excluded for refusing to provide other data WITH THE EXCEPTION OF not answering questions essential to determining whether or not the person is a safe candidate for receipt of the vaccine (eg., answering screening questions).

Providers should review the form for completeness PRIOR TO vaccine administration. The following data elements MUST be included:

- Last name
- First name
- Zip Code
- Date of Birth
- Gender
- Dose number
- Provider number
- Date vaccine administered

Requested data elements:

- County
- Phone number
- Ethnicity
- Race
- Vaccine manufacturer
- Lot number (*The lot # is required on the copy - pink 2nd page - kept as the medical record as well as the original.)

Patient Information

Questions #1 – 8, the top portion of the form, are to be completed by the patient or parent / guardian of the vaccine recipient. All items are to be completed. The person providing the information should neatly print each individual character (letter or number) in CAPS, using **blue or black ink** within the boxes provided and neatly color in all circles that apply. (Please reinforce that red ink should NOT be used since it will not show during the scanning process.)

#1.

- **LAST Name, First Name and Middle Initial**
- **Address (street # and name), City, State, Zip**
- **Date of Birth:** Month/Day/Year format (eg., 09/24/2009 for September 24, 2009).
- **Gender:** Select M (male) OR F (female).
- **County Code:** See back of 3rd page (pink copy) for county code (eg., 03 for Baltimore County).

- **Phone Number:** Area code and 7 digit number (eg., 410-767-0000).

#2. Ethnicity: Select Yes OR No.

#3. Race: Select all that apply and write in specific race if “**Other**” is selected.

#4. Which dose of the H1N1 Vaccine are you receiving? Select ONE of the 3 choices.

#5. Are you pregnant? Select ONE of the 3 choices.

#6. Do you live with or care for children younger than 6 months old? Select ONE of the two choices.

#7. Are you a health care or emergency medical service worker with direct patient contact? Select ONE of the two choices.

#8. Do you have an underlying risk factor such as asthma or other chronic health condition or a compromised immune system? Select ONE of the two choices.

CONSENT AND REQUEST TO RECEIVE H1N1 VACCINATION:

The person authorizing the vaccine must sign, print his/her relationship to the person receiving the vaccine and date the form, confirming the following:

“I have read the information above and confirm that it is correct. I have been given a copy and have read, or I have had explained to me, the information in the “Vaccine Information Statement” for the H1N1 vaccine. I have had the chance to ask questions and they were answered to my approval. I understand the benefits and risks of the H1N1 vaccine and I have given my permission to have this vaccine given to me or the person for whom I have the power to make this request. I have been given, or have been offered, a copy of the Notice of Privacy Practices.”

For Clinic Use Only

This section is to be completed by the healthcare provider(s) involved in the immunization process. **For information that is stamped instead of printed (an option for some of the data elements on this section of the**

form), verify that stamping penetrates to the 2nd and 3rd pages. It is likely that each page will have to be stamped separately. The stamped information does not need to be precisely placed, but it should be reasonably contained within the area and NOT covering anything that is already printed in black ink or hand printed. If this occurs, it will interfere with the ability of the software to interpret the characters when scanned.

Completion of this section:

- **Client Screened for Contraindications: Screener's Initials _____**
This line in this section is to be initialed by the person screening the patient for contraindications.

- **Client given VIS on _____ and understands VIS dated _____**
The date on which the patient/parent/guardian is given the VIS is to be written or stamped on the first line. The publication date at the bottom right of the last page of the VIS is to be written or stamped on the 2nd line.

- **Manufacturer: Select ONE of the five circles for CSL, MedImmune, Sanofi-Pasteur, GSK OR Novartis.**

Lot #: The vaccine lot # is to be written or stamped within the red box area provided. As stated above, the lot # is required on the copy (pink 2nd page) kept as the medical record as well as the original.

- **Dosage (If applicable): 0.25mL (6-35 months) 0.50mL (3 years and older) Other (_____):** If the injectable vaccine was given, select the appropriate dosage administered. The "Other" space is provided to allow for documentation of other formulation, if approved.

- **Route of Administration: Intranasal - IM Injection: LA RA LL RL Other (_____):** Select the appropriate route of administration. If the injectable vaccine was given, select the site where it was administered. The "Other" space is provided to allow for documentation of other route, if approved.

- **Clinic Site:** Limited information is needed. Staying within the space provided, write or stamp the Clinic Site including:

- Name of facility or provider (eg., Smiley Heights Pediatrics OR Sunny County Health Dept.).
- Address (eg., 11737 Bayside Drive, Baltimore, MD 21201) is optional.
- **Provider #:** Write or stamp your five-digit Provider number within the Red box area provided.
- **Signature of Vaccinator:** _____: The person administering the vaccination must sign here.
- **Date:** The person administering the vaccination must write or stamp the date the vaccine was given Month/Day/Year format (eg., 09/24/2009 for September 24, 2009).

Disposition of the pages of the form:

- The top page (white) marked “DHMH ORIGINAL” at the bottom center of the page, is to be retained by the provider to be forwarded to the Maryland Department of Health and Mental Hygiene (DHMH) for scanning.
- The 2nd page (yellow) marked PROVIDER COPY” at the bottom center of the page is to be retained by the provider to serve as a patient record of vaccination which must be kept for 3 years.
- The 3rd page (pink) marked “PATIENT COPY” at the bottom center of the page is to be given to the patient to be kept as his/her documentation of vaccination. Remind the patient that this record should be kept so that he/she will have evidence of which dose # has been received. This will help to eliminate confusion when returning for an additional dose.

Returning the forms for scanning:

If you provide services to large numbers of people (ie., mass clinic settings or a large private provider group), the forms should be returned the day of or the day following administration of the vaccine. Otherwise, the forms must be returned AT LEAST weekly. The forms should be returned following the instructions provided in the last two pages of this document entitled “**How to create your UPS shipping label(s)**” and “**Three ways to get your package(s) to UPS.**”

Availability of forms:

This form also will be made available in pre-printed hardcopy in Spanish. Please email H1N1info@dhhm.state.md.us to request copies. Include your name, address and contact information and put “NEED SPANISH COPIES OF H1N1 SCAN FORM in the subject line.

If you do not want to receive any more forms with the shipment of additional vaccine orders, send an email including your name, address and contact information to H1N1info@dhhm.state.md.us and put “NO MORE H1N1 SCAN FORMS in the subject line.

If you have other questions about completion of this form, please send them to H1N1info@dhhm.state.md.us.

How to create your UPS shipping label(s):

Link to the following URL (website): <https://www.campusship.ups.com/login/mddhmf>

Enter User ID: **healthofmd** (note: should be all lowercase)

Enter Password: **mymaryland** (note: should be all lowercase)

Click “Log In” – (no need to select language)

You will now be viewing the “Shipping Screen”

Left hand column – call your attention to “Ship To”

Click on: [Corporate Address Book](#)

Bottom left of pop up screen – click [Show All](#)

Scroll down to the lone address available

Click the circle next to the company listed under the “Nickname” column – and then click “Select”

You will be returned to the “Shipping Screen”

Left hand column – under “Shipper” – please enter your “Provider Name” (this does not need to be done by selecting “Edit” – just enter data in the free form area from the “Shipping Screen” do not alter address)

Right hand column – enter an estimated weight – under: **Package 1 Weight:** minimum weight is 1lb

Under - **5 digit unique provider code** - enter the code for your location

Scroll down slightly – right hand lower section of screen – click “Ship Now”

One of two things will happen by selecting “Ship Now”

First option – directed to “Complete Shipment” screen where you will want to click View/Print (scroll down slightly to see the view/print button on right hand side) to print a shipping label (label will produce on 8.5 x 11 paper – fold in half and tape well to the outbound box/boxes)

Second option – system will bring you directly to your existing printer dialogue box. Simply print as normal - (label will produce on 8.5 x 11 paper – fold in half and tape well to the outbound box/boxes)

Three ways to get your package(s) to UPS:

1. Hand it/them to a UPS driver

- Many of your locations have either daily deliveries/pickups from our drivers. Simply hand your package(s) to your regular driver

2. Find the closest drop off points for UPS most convenient to your location

- Find UPS drop boxes, UPS Stores, UPS Customer counters or UPS authorized shipping outlets
- From CampusShip - click on “Resources” tab – top left under UPS shield
- Left hand column – find and click [UPS Locations](#)
- Two ways to find locations – by address or phone number
- Address – enter your detail – scroll down slightly – select which UPS avenue (defaults to all) you wish to utilize
- Phone number – click on: “Find Locations Using a Telephone Number”
- Enter your phone number – area code included - scroll down slightly – select which UPS avenue (defaults to all) you wish to utilize
- Once data is entered – scroll down – right hand bottom of screen – click on “Find”
- Details for your search are displayed

3. Request a pickup

- Please email the following: UPSpickup@dhhm.state.md.us
- Provide the following data in the email
- 5 digit unique provider code (location number)
- Address of pick-up
- When package(s) will be ready for pick-up
- Closing time
- Pickup point
- Contact name and direct phone number
- Number of package(s) to be picked up
- Tracking #s of package(s) to be picked up (this is printed on the label)

