COVID Clinic Volunteer - Check-In

## What Check-In Volunteer Does

* Makes a copy of insurance cards and IDs
* Completes most of the Immunization Screening and Consent form for the patient
* Screens the patient
* Captures signature
* Gives the patient other documents
* Fills out COVID Vaccination Record
* Remind them of their appointment in 28 days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at the same time as this clinic
* Regular Surface Cleaning - countertops and pens etc

## Process

* **Can I have your name?**
* **Can I have your insurance cards?**
* 1. Makes copies of their ID, Medicare Card, and other insurance card
	+ SEE THE "What to bring with you"
* **You can put your cards away. Let me get your paperwork ready for you**
* 2. Completes most of the screening form for them, using information from our spreadsheet
	+ Last Name & Appointment Time goes in the top right empty box
	+ Check First Dose
	+ Write in PCP Name from the spreadsheet - if no PCP, give them medical home sheet
	+ Fills out questionnaire as they answer in step 3 (yes/no)
* **We need to ask you a few questions about your health.**
* 3. Screens the patient - asking each of the questions
	+ 1 - Are you sick today?
	+ 2 - just say no, because we are screening them at the door. if no door person, then ask them "Have you been exposed to covid in the past 10-14 days)
	+ 3 - ask "Have you had covid?". If no, enter no for this question. If yes, ask if they received antibody treatment for it. If no, enter no. if yes, enter the date and make sure it is 90 days before today.
	+ 4 - Serious or life threatening reaction to any vaccine or shot?
	+ 5 - Have you had recent vaccines?
	+ 6 - Are you pregnant - don't ask any men or people not of child bearing age, just NO
	+ 7 - Do you have immune weakening disorders like…
	+ 8 - Do you take immune weakening medicines like...
* **OK, we need you to sign and give your consent. Sign in the highlighted area**
* 4. Ensures they sign and date the consent
	+ They are to read the consent, sign, date, and print. HIGHLIGHT THE AREA TO SIGN
* 5. Fill out their COVID Vaccination Record Card
	+ Last Name, First Name, MI, DOB
	+ Moderna & LOT
	+ Date of Clinic
	+ Neal Smoller, RPh
	+ REMINDER on Back \_\_\_\_\_\_\_\_\_\_\_
* **You’re going to go sit in seat 1 - 2 - 3. That’s the waiting area. Neal will call you forward when he’s ready for you.**
* **We have some documents for you.**
	+ **Take this screening form and your vaccination record with you and give these to Neal**
	+ **We also have a paper copy of the vaccine information - you downloaded a copy of this when you signed up. Would you like a paper copy?**
* **You have an automatic appointment set for 28 days from now on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the same exact time you scheduled today.**
* 6. Let them know they're coming back at the same time next month!
* **Great - have a set in seat 1-2-3 and Neal will call you when he’s ready.**

During Down Time

* Fill out the next 3-6 patients screening and consent in advance, keep in appointment time OR name order, prepare documents to give them, highlight the signature/name area, have their COVID Record ready
* If multiple people checking-in, divide the work up so there isn’t duplication!