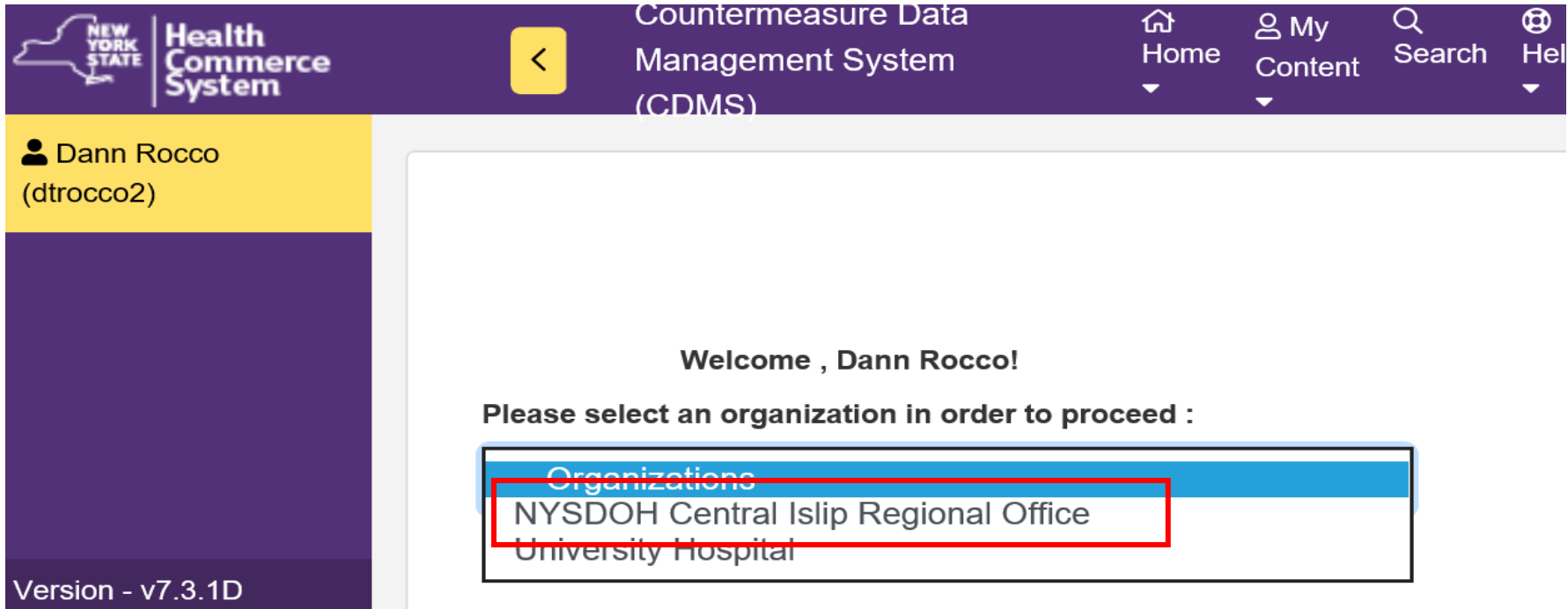


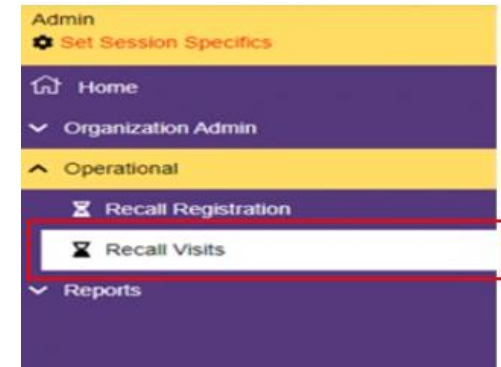
## CDMS Medical Consultant

1. Select NYS DOH Central Islip Regional Office from the Organization

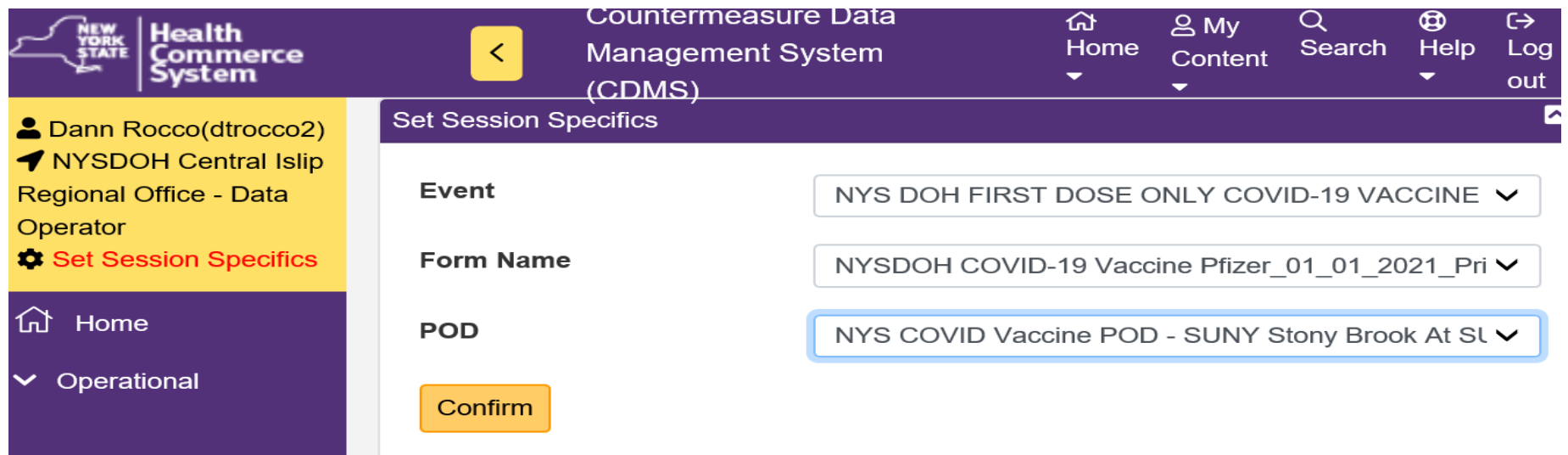


The screenshot shows the CDMS web application interface. The top navigation bar is purple and contains the New York State Health Commerce System logo, a back button, the text "Countermeasure Data Management System (CDMS)", and navigation links for Home, My Content, Search, and Help. The left sidebar is purple and displays the user's name "Dann Rocco (dtrocco2)" and the version "Version - v7.3.1D". The main content area is white and displays a welcome message "Welcome , Dann Rocco!" followed by the instruction "Please select an organization in order to proceed :". Below this instruction is a dropdown menu with a blue header "Organizations" and two options: "NYSDOH Central Islip Regional Office" and "University Hospital". A red rectangle highlights the "NYSDOH Central Islip Regional Office" option.

2. From the Home screen, select the '**Operational**' menu option and click on '**Recall Visits**.'



3. In the 'Set Session Specifics' screen, select the **Event**, the **Form Name** and the name of the **POD** from the provided drop-down menus.



Countermeasure Data Management System (CDMS)

Home My Content Search Help Log out

Set Session Specifics

Dann Rocco(dtrocco2)  
NYSDOH Central Islip Regional Office - Data Operator  
Set Session Specifics

Home Operational

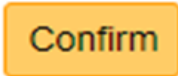
Event: NYS DOH FIRST DOSE ONLY COVID-19 VACCINE

Form Name: NYSDOH COVID-19 Vaccine Pfizer\_01\_01\_2021\_Pri

POD: NYS COVID Vaccine POD - SUNY Stony Brook At SL

Confirm

4. Click on



5. Utilize first name, last name and/or DOB and then scroll down and click ▶



**Recall Registration Search**

<b>First Name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>
<b>DOB</b>	<b>Appt Date</b>
<input type="text"/>	<input type="text"/>
<b>Email Address</b>	
<input type="text"/>	
<b>Registration ID</b>	<b>Phone #</b>

6. Scroll down to view the 'Recall Visits Search Results' screen, select the name of the registrant being process. Use the Global search to locate a client (Last Name, First Name or DOB) to further narrow the search if needed. Click client name (blue font) to open the client record.



The screenshot shows the 'Recall Visit Search Results' interface. On the left is a navigation sidebar with the user profile 'Julie Diann Luengas(jl727473)' and roles 'University Hospital - Facility Admin' and 'Set Session Specifics'. The main content area features a search bar labeled 'Global filter', a 'Column Selector' button, and a table of search results. The table has columns for Visit ID #, Last Name, First Name, Gender, Visit Date, Date of Birth, and Registration ID #. A single record is displayed for 'Testjulia' with a visit date of 01/13/2021 and a registration ID of 161516. Below the table, it indicates 'Total Records : 1' and 'Records Per Page: 10'.

Visit ID #	Last Name	First Name	Gender	Visit Date	Date of Birth	Registration ID #
3106063	<a href="#">Testjulia</a>	<a href="#">Testjulia</a>	F	01/13/2021	01/05/2021	161516

Total Records : 1      Records Per Page: 10

- 7. A 'Recall Visit' screen will appear that shows the record of the client and includes demographic information including address, telephone number, date of birth, emergency contact information (if provided) and primary care provider (if provided).

The screenshot displays the 'Recall Visits' interface. At the top right, there is a yellow button labeled '< Back to Search Results'. Below this, a purple header bar contains the text 'Recall Visits' on the left and 'Date of Visit (MM DD YYYY)' followed by three input fields containing '01', '13', and '2021'. The main content area is titled 'Recipient Information' and contains several form fields:

- Country of Residence:** A dropdown menu with 'United States' selected.
- First Name:** A text input field containing 'Testjulie'.
- Middle Name:** A text input field containing 'Enter Middle Name (Optional)'.
- Last Name:** A text input field containing 'Testjulie'.
- Address 1:** A text input field containing 'Nicols'.
- Address 2:** A text input field containing 'Enter Address 2 (Optional)'.
- City:** A text input field containing 'South Setauket'.
- State:** A text input field containing 'NY'.

7. Verify client's demographic information is correct. Scroll down to the countermeasure section.

7a. Review each screening question with the client to ensure each question is up to date.  
*Note: Clicking the i icon for additional details with red questions will provide an alert with directions.*

Screening Questions	Yes	No	Unkno
1: Are you currently under the age of 18?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2: Are you feeling sick today?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3: In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4: Have you been treated with antibody therapy or monoclonal antibody treatment?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5: Have you ever had an immediate allergic reaction or shot or to any component of the COVID-19 vaccine, injection, or nasal spray?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6: Have you had any vaccines in the past 14 days (2 weeks) including flu shot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Oops!**

Refer for medical eval, patient has had a serious allergic reaction to a vaccine before

7b. Enter any comments regarding the visit with the client in this area.

**Note:** The comments are for all questions, the screener will need to scroll up and down between questions. There is a 1000 character limit to this field.

Recipient: Cyrus Beene    Date of Birth: 05/11/2000    Age: 20yrs 8mos    Date of Visit: 01/17/2021

**Comments**    Enter Comments

[< Back to Search Results](#)

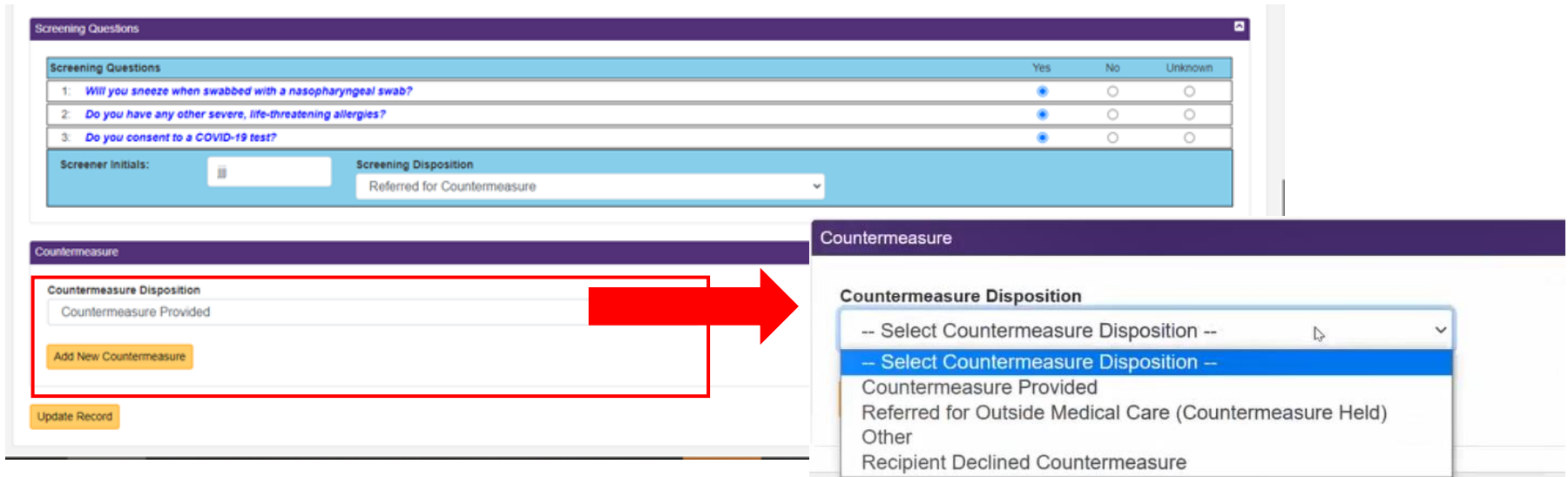
Date of Visit (MM DD YYYY)    01    17    2021

Recall Registration

Recipient Information

Country of Residence    United States

## 7c. Select appropriate Countermeasure Disposition



The screenshot displays the CDMS interface. At the top, there is a 'Screening Questions' section with a table of three questions. Below this is a 'Countermeasure' section with a 'Countermeasure Disposition' dropdown menu. A red box highlights the dropdown menu, and a red arrow points to a larger, detailed view of the dropdown menu options.

Screening Questions	Yes	No	Unknown
1: Will you sneeze when swabbed with a nasopharyngeal swab?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2: Do you have any other severe, life-threatening allergies?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3: Do you consent to a COVID-19 test?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Screeener Initials:  Screening Disposition: Referred for Countermeasure

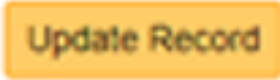
Countermeasure Disposition: Countermeasure Provided

Buttons: Add New Countermeasure, Update Record

Countermeasure Disposition Dropdown Options:

- Select Countermeasure Disposition --
- Countermeasure Provided
- Referred for Outside Medical Care (Countermeasure Held)
- Other
- Recipient Declined Countermeasure

*NOTE: This created record may be used with other systems to assist in follow-up and scheduling client for second doses of the COVID-19 vaccine.*

7d. Select  to sign documentation.