

CDMS Vaccinator Documentation Process

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

System	Countermeasure Data Management System (CDMS) 	급 Home ▼	은 My Content ▼	Q Search	Ø He ▼
Lann Rocco (dtrocco2)					
	Welcome , Dann Rocco! Please select an organization in order to proc	eed :			
Version - v7.3.1D	Organizations NYSDOH Central Islip Regional Office University Hospital				



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.





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

Run Search

Recall Registration Search		
First Name	Last name	
DOB	Appt Date	
Email Address		
Registration ID	Phone #	

Health Commerce System Countermeasure Data Management System (CDMS) Operation Management

6. On the '**Recall Visits Search Results**' screen, select the name of the registrant you wish to process. Use the Global search to narrow the search if needed using Last name, First Name or DOB). Click client name (blue font) to open the client record.

Julie Diann Luengas(ji727473)	Recall V	isit Searc	h Results										
Conversity Hospital - Facility Admin Set Session Specifics	Q	Global fi	lter]			c	olumn Selector 📓	
ගි Home	Visit	ID #	Last Name	¢	First Name	¢	Gender	Visit Date	¢	Date of Birth	¢	Registration ID #	÷
 Organization Admin 	310	6063	Testjulie		Testjulie		F	01/13/2021		01/05/2021		161516	
 Operational 	Total	Records :	1		н	1	М				1	Records Per Page: 10	\sim
✓ Reports													

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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).

		< в	ack to Search Results
call Visits	Date of Visit (MM OD YYYY) 01	13	2021
 Recipient Information — 			
Country of Residence	United States \sim		
First Name	Testjulie		
Middle Name	Enter Middle Name (Optional)		
Last Name	Testjulie		>
Address 1	Nicols		
Address 2	Enter Address 2 (Optional)		
City	South Setauket		
State	NY		



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

8a. Select appropriate countermeasure disposition

8b. If client vaccinated, select Countermeasure Provided option and click Add New Countermeasure Button.

Screening Questions			Ye	s No	Unknown		
1: Will you sneeze when swabbed with a n	asopharyngeal swab?			0	0		
2: Do you have any other severe, life-three	tening allergies?			0	0		
3: Do you consent to a COVID-19 test?				0	0		
Screener Initials:	Screening Disposition Referred for Countermeasure	~					
			O				
ntermeasure			Countermeasure				
ntermeasure ountermeasure Disposition Countermeasure Provided			Countermeasure Countermeasure Dispos	ition			
Intermeasure Disposition Countermeasure Provided			Countermeasure Countermeasure Dispos Select Counterme	ition asure Disp	position	Þ	v
untermeasure Countermeasure Disposition Countermeasure Provided Add New Countermeasure			Countermeasure Countermeasure Dispos Select Counterme Select Counterme	ition asure Disp asure Disp	position	Þ	v
intermeasure Disposition Countermeasure Provided Add New Countermeasure			Countermeasure Countermeasure Dispos Select Counterme Select Counterme Countermeasure Pro	ition asure Disp asure Disp ovided	position position	Þ	v
Intermeasure Disposition Countermeasure Provided Add New Countermeasure			Countermeasure Countermeasure Dispos Select Counterme Select Counterme Countermeasure Pro Referred for Outside	ition asure Disp asure Disp vided Medical (position position Care (Counte	⊳ rmeasure Held	~)
untermeasure Countermeasure Disposition Countermeasure Provided Add New Countermeasure date Record			Countermeasure Countermeasure Dispos Select Counterme Select Counterme Countermeasure Pro Referred for Outside Other	ition asure Disp asure Disp vided Medical (position position Care (Counte	⊳ rmeasure Held	~)

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9. Document Manufacturer, Administration Site and Route, Priority Group, Person Providing and Return Visit Date.

Countermeasure #	1					
Moderna COVID-19	Vaccine - Moderna L	JS, Inc. * 8077	7-273-99 * 12345	* 20211231 *	✓ NYSIIS Consent Overric ✓ to standing Executive Or	den due der
Medication Name			NDC Code	Lot Number	Exp Date(YYYYMMDD)	Notes
Moderna COVID-19	Vaccine - Moderna	US, Inc.	80777-273-99	12345t	20211231	
Administration Site	•	Administ	ration Route			
Left Deltoid	~	Intram	uscular		×	
Total Administered	/Dispensed	-6				
0.5		_				
		Admini	stered Disper	ised		
Milliliters	~					
Priority Group						
HCP EMS		~				
Person Providing						
Johnny * Smith			~			
First Name	Last Name	Pro	vider Professional	License #		13
Johnny	Smith	000	0000			
Return Visit Date (M	MM/DD/YYYY) Q1	3	0 20	021		

Add New Countermeasure



10. Click Update Record to sign your documentation.

Susan * Apple	9		×	
First Name	Last Name	Provider	Professional License #	
Susan	Apple	002999		
Return Visit Date	(MM/DD/YYYY) 01	30	2021	
Add New Countern	neasure			

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

call Registratio	n Search Result	5			Succes	is	×
Q Global fi	iter			~	Reci Suc	ipient Record was cessfully Created	
Last Name	First Name 💠	Gende 韋	Date of Birth ᅌ	Appointment Date & Time	¢	Registration ID # 🖨	Group ID # 💠
Appleseed	Johnny	F	03/11/1991	01/02/2021 12:00:00 AM - 12:00:00 AM		43438	