



Create/Reprint QR Code Consent Form

The processes outlined below should be followed if the client does **NOT** present a printed Consent Form containing a QR Code for the following scenarios:

- Employee Hospital Access
- Employee No Hospital Access
- Community

1. Need to be on **UHMC SB Network** and use **Chrome**

Open the 'SBM NYSIIS Immunization Patient Check In' application

<https://covid-vaccination-p.stonybrookmedicine.edu:5001/links.html>

2. Log in with your **User Name and Password** OR

Check with POD leader - **may need generic ID and Password**

3. Click 'Go' for **Employee Badge Check-In**

SCENARIOS

A. SBM Employee with Hospital Access

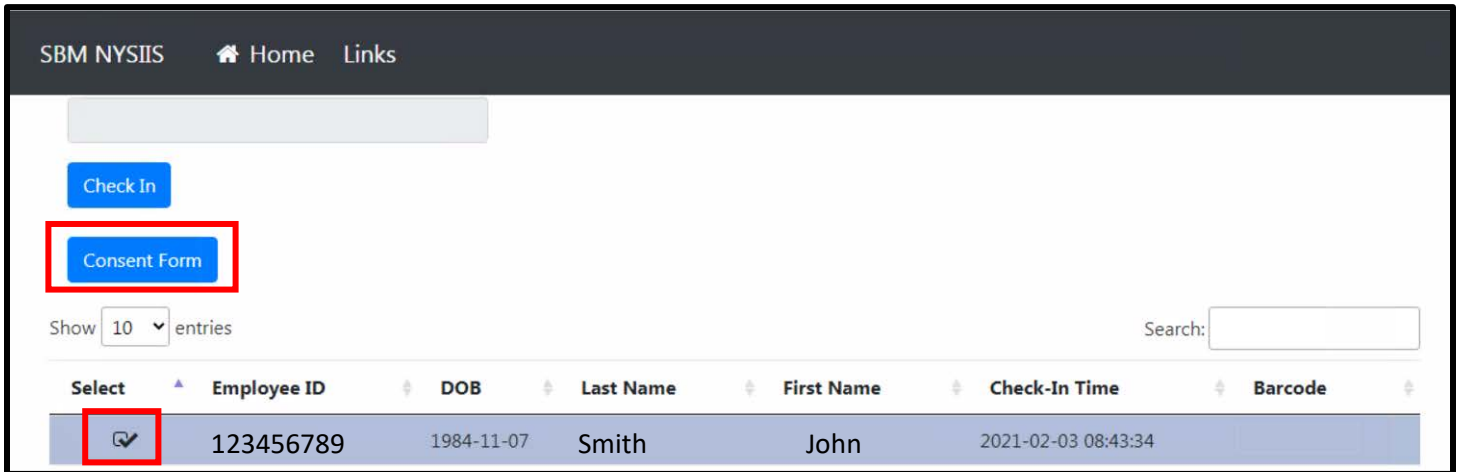
1. **EMPLOYEE CHECK-IN** page opens

- Ensure the cursor is active and in the **first field** before scanning badge
- **Scan the employee badge.** Information will populate
- If the badge scan is unsuccessful, manually enter **employee ID number** and click the '**Tab**' button to populate data

2. Verify **Employee Name and DOB** are correct

3. Click '**Check In**' button

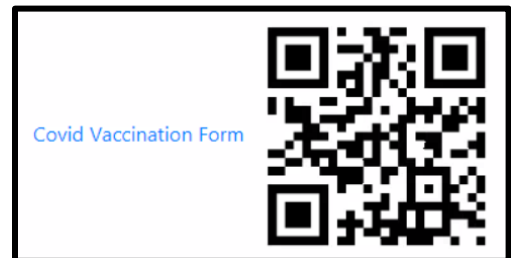
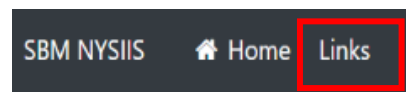
- Employee name will appear on the list below. (Please wait a few seconds to load)
- Select the **Employee Name** on the List by **clicking the box** on left
- Once selected, click **'Consent Form'** button



- Consent form with QR code** will generate and open in a separate (or new) tab
- Right-click** to **Print** the Consent form (**preference is to print double-sided**)
***NOTE:** Computer may need to be formatted to set this preference
- Employee **MUST fill out & sign** the remainder of the form
- Then, employee will proceed to **Vaccination Pod Check-In with their Consent form**

B. SBM Employee without Hospital Access

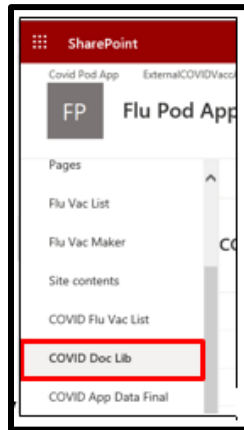
- Click **'Links'** at the top left corner of the window
- Click the **blue link** OR **scan the bar code** to access and complete the form on computer (or phone) 3



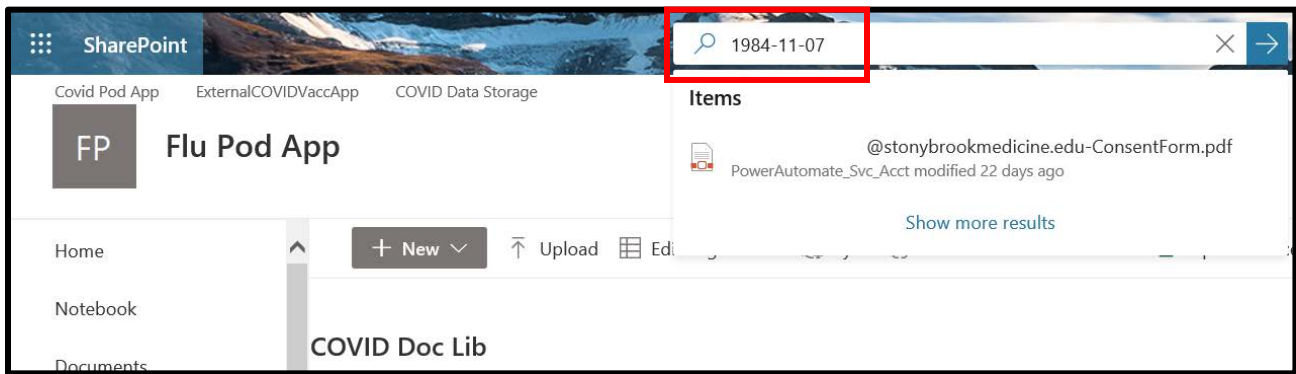
***TIPS:** If client waiting on line has a phone, they can scan the QR code, fill out the form on their phone while waiting and then staff will print out when they arrive at Registration desk. (This is to help keep the line moving)

- Verify accuracy of information entered.

4. After completing form with the client, click the link to print:
<https://stonybrookmedicine.sharepoint.com/sites/FluPodApp>
 (Staff person must have UHMC access and SB Medicine email address for this)
5. Click **'COVID Doc Lib'** on the left side of the window of **Flu Pod App in Sharepoint**



6. Search for the **Client** in the top **Search** field to find the document
 - NOTE: If searching by date of birth, enter the format of Year-Month-Date.



7. **The Consent Form will appear under the search window. Click on the Consent Form Document to open.**
8. Click **Print** button at the top of the window (this will open the form in a printable format).



9. Right click the Consent Form and select 'Print.'

Stony Brook Medicine COVID Vaccination Consent Form			
Please print the document and bring with you to the vaccination pod			
SB ID #	Employee Name	DOB	
		1984-11-07	
Entered Employee Email		Internal Response	
@stonybrookmedicine.edu		anonymous	
Questionnaire to be filled out onsite with screener			

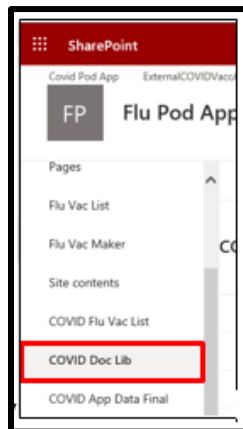
10. **Ask the client to review the information on the form, then sign and date the Vaccine Consent.**
NOTE: If anything is incorrect on the form, either you can complete a new form, or to save time hand write the changes on the form and they will be corrected in the data entry area.

Client can then bring the form to the Vaccination POD Check-In as above

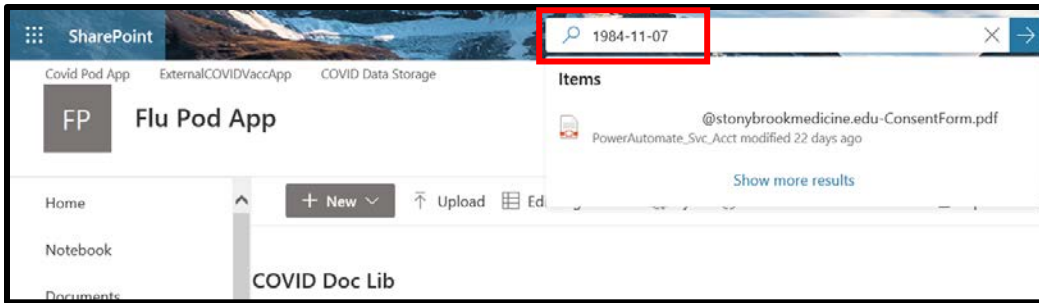
The image shows a 'Vaccine Consent' form. The form contains several paragraphs of text regarding COVID-19 vaccination consent. Below the text, there are three signature lines, each with a 'Date/Time' field. The first signature line is highlighted with a red border. The text on the signature lines is: 'Signature: Recipient/Surrogate/Guardian', 'Date/Time', and 'Print Name and Relationship to patient, if other than recipient'. The second signature line is for a 'Telephonic Interpreter' and the third is for an 'Interpreter'.

C. Community Client that Completed Form Online But Did Not Present a Printed Copy:

1. Click the link to locate and print the form:
<https://stonymedicine.sharepoint.com/sites/FluPodApp>
(Staff person must have UHMC access and SB Medicine email address for this)
2. Click '**COVID Doc Lib**' on the left side of the window of **Flu Pod App in Sharepoint**



3. Search for the **Client** in the top **Search** field to find the document
 - NOTE: If searching by date of birth, enter the format of Year-Month-Date.



4. The Consent Form will appear under the search window. Click on the Consent Form Document to open.

5. Click **Print** button at the top of the window (this will open the form in a printable format).



6. Right click the Consent Form and select 'Print.'

Stony Brook Medicine COVID Vaccination Consent Form			
Please print the document and bring with you to the vaccination pod			
SB ID #	Employee Name	DOB	
		1984-11-07	
Entered Employee Email		Internal Response	
@stonybrookmedicine.edu		anonymous	
Questionnaire to be filled out onsite with screener			

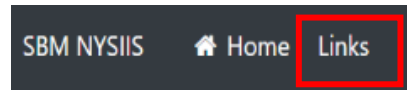
7. Ask the client to review the information on the form, then sign and date the Vaccine Consent. **NOTE:** If anything is incorrect on the form, either you can complete a new form, or to save time hand write the changes on the form and they will be corrected in the data entry area.

Client can then bring the form to the Vaccination POD Check-In as above

Vaccine Consent		
I have been provided and have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if this vaccine requires two doses, two doses of this vaccine will need to be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.		
I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.		
I agree to provide a copy of this vaccine certificate to my primary care provider, if I have one.		
Signature: Recipient/Surrogate/Guardian	Date/Time	Print Name and Relationship to patient, if other than recipient
Telephonic Interpreter's ID #	Date/Time	
Signature: Interpreter	Date/Time	Print Interpreter's Name and Relationship to Patient

D. Community Client that Did NOT Complete the Consent Form Online:

1. Click 'Links' at the top left corner of the window

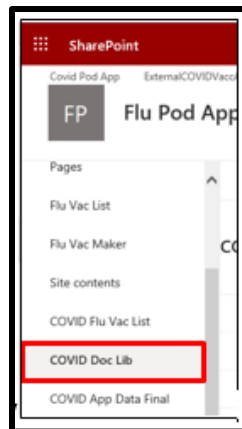


2. Click the **blue link** OR **scan the bar code** to access and complete the form on computer (or phone)

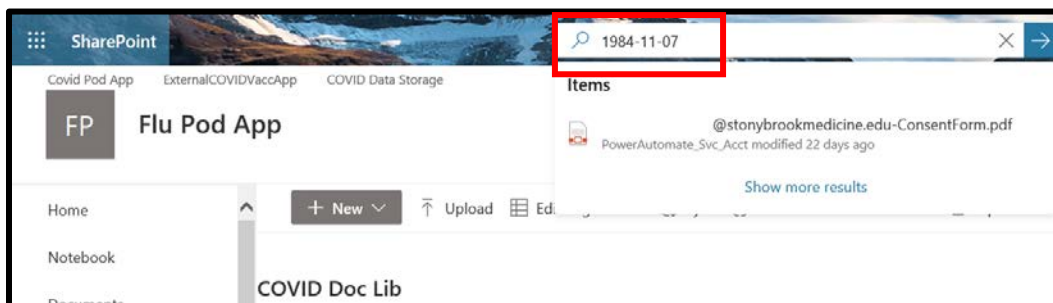


***TIPS:** If client waiting on line has a phone, they can scan the QR code, fill out the form on their phone while waiting and then staff will print out when they arrive at Registration desk. (This is to help keep the line moving)

3. Verify accuracy of information entered.
4. After completing form with the client, click the link to print:
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6. Search for the **Client** in the top **Search** field to find the document
 - NOTE: If searching by date of birth, enter the format of Year-Month-Date.



- The Consent Form will appear under the search window. Click on the Consent Form Document to open.
- Click **Print** button at the top of the window (this will open the form in a printable format).



- Right click the Consent Form and select 'Print.'

The screenshot shows a "COVID Vaccination Consent Form" from Stony Brook Medicine. The form contains the following information:

SB ID #	Employee Name	DOB
		1984-11-07
Entered Employee Email		Internal Response
@stonybrookmedicine.edu		anonymous

A right-click context menu is open over the "Internal Response" field, with the "Print..." option highlighted in a red box. The menu also includes options like "Select Tool", "Hagn Tool", "Marquee Zoom", "Rotate Clockwise", "Print", "Find", "Document Properties...", and "Show Navigation Pane Buttons".

At the bottom of the form, it says "Questionnaire to be filled out onsite with screener".

- Ask the client to review the information on the form, then sign and date the Vaccine Consent. **NOTE:** If anything is incorrect on the form, either you can complete a new form, or to save time hand write the changes on the form and they will be corrected in the data entry area.

Client can then bring the form to the Vaccination POD Check-In as above

The screenshot shows the "Vaccine Consent" form with the following text:

I have been provided and have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if this vaccine requires two doses, two doses of this vaccine will need to be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

I agree to provide a copy of this vaccine certificate to my primary care provider, if I have one.

The signature and date fields are highlighted in a red box:

Signature: Recipient/Surrogate/Guardian	Date/Time	Print Name and Relationship to patient, if other than recipient
Telephonic Interpreter's ID #	Date/Time	
Signature: Interpreter	Date/Time	Print Interpreter's Name and Relationship to Patient