



71 Belknap Ave, Newport, NH, 03773 | Phone: 603-826-6500

Training Checklist for Vaccinators

All items below must be completed prior to vaccinating any individual under the guidance of On-Site Medical Services. Please send this completed document, along with all certifications, to Anna McFarlin at amcfarlin@on-sitemedservices.com.

Vaccine Trainings to Complete:

- Review [How to Administer IM \(intramuscular\) Injections](#)
- Review Pfizer-BioNTech vaccine for persons 12 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- Review Pfizer-BioNTech vaccine for persons 5-11 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- Pfizer-BioNTech vaccine for persons 6 months - 4 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- CDC COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare ([WB4460](#))
- CDC COVID-19 Vaccine Webinar Series: Hosting Off-Site Vaccination Clinics: A Primer for Healthcare Workers ([WD4398](#))
- CDC You Call the Shots-Module Five-Influenza-2019 [WB4204R](#)
- CDC Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know ([WB4461](#))
- Review [You Call the Shots](#)
- Video Recording of [RPHN Training](#) by Anna McFarlin
- Read Standing Orders for COVID-19 Vaccination ([On-Site Medical Services](#))
- Read Standing Orders for Influenza Vaccination ([On-Site Medical Services](#))
- Watch [Intramuscular Injection Sites](#)

Vaccine Storage and Handling Trainings to Complete:

- Watch [Storing and Handling Vaccines: Expiration Date, Beyond-Use Date, and Beyond-Use Time](#)

Safety and Prevention:

- Read [Preventing Needlestick Injuries at COVID-19 Vaccination Sites](#)
- Review Blood Borne Pathogen Exposure Guidance



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Epinephrine Administration:

- [Autoinjectors](#) - be mindful
- Epinephrine [vial or ampule](#)

By signing below, I _____ acknowledge that I have completed all of the above requirements.

Name: _____

Signature: _____

Date: _____