

## Checklist for Supervised Immunization Experience

Nurse's Name: \_\_\_\_\_ Community Area \_\_\_\_\_

- Public Health Nurse (PHN)
- Casual Immunization Nurse \*requires CD Coordinator sign-off\*
- Student Nurse

Activity	Date Completed	Comments and PHN / CD Coordinator Signature
Completed the EPIC Modules: PHN ONLY		
Completed the ½ day WRHA Imms training: PHN ONLY		
Completed PHIMs Training: PHN ONLY		
Shared Appropriate Vaccine Information with Client		
Performed Appropriate Assessment Prior to Immunization		
Discussed Risks and Benefits		
Obtained Informed Consent		
Prepared Vaccine Appropriately: <ul style="list-style-type: none"> <li>• Vaccine selection; checked expiry date, dosage</li> <li>• Reconstitution</li> <li>• Choice of syringes, needles and site</li> <li>• sterile/aseptic technique</li> </ul>		
Administer Vaccine Appropriately: <ul style="list-style-type: none"> <li>• Positioning, holding</li> <li>• IM</li> <li>• SC</li> <li>• ID</li> <li>• Disposal of needle and syringe</li> <li>• Comfort measures</li> </ul>		
Documented Appropriately: <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Product Name, Lot #</li> <li>• Date, Dose, Site</li> <li>• Signature</li> </ul>		

Reviewed by & Signature Verification-

PHN/CDC Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

PHN/CDC Signature: \_\_\_\_\_

\*\*Please submit to your Team Manager upon completion. Team Manager to fax Attention: **CD Unit AY3**  
 @ 204-940-2690 and file the original. CD Unit AY3 will then issue an *Immunization Competency Certificate*.

Revised June 6, 2022