



**Standard 1: Immunization Availability**

1. Are records reviewed routinely for required immunizations to avoid missed opportunities to vaccinate **(Check the option that best matches your findings)**

- Available Records are reviewed including electronic health record (EHR), immunization tracking system (ITS), shot records (CDC 731), and/or medical records (DD 2766/2766C) at every opportunity to determine additional vaccination requirements.
- Vaccines are only administered per written order from medical provider, verified using EHR, ITS system, shot records, and/or medical records, and documented.
- No record review process in place.

2. Has a Privileged Physician with medical oversight over the immunization site been appointed in writing per assigned orders or memorandum and/or a privileged healthcare provider (i.e. nurse practitioner, physician assistant, Independent Duty Corpsman [IDC], Independent Duty Medical Technician[IDMT]) under the Privileged Physician been appointed in writing to oversee daily immunization site activities? **(Check the option that best matches your findings)**

- Written letter(s) appointing Privileged Physician or privileged healthcare provider are current and available.
- ❖ Will staff send a copy of appointment letters to IHS? \_\_ Yes \_\_ No
- Letter(s) appointing a Privileged Physician or privileged healthcare provider are not current.
- Letter(s) appointing a Privileged Physician or privileged healthcare provider are not available.

Best Practice guidance: Clear oversight of immunization site(s) is an important requirement.

3. Are Standard Operating Procedures (SOPs)/Operating Instructions (OIs) available and signed by Privileged Physician? **(Check the option that best matches your findings)**

- SOPs/OIs are complete, readily accessible to staff, utilized, signed by Privileged Physician, and reviewed annually.
- ❖ Will staff send a copy of SOPs/OIs to IHS? \_\_ Yes \_\_ No
- ❖ Staff requests a detailed review of SOPs/OIs from IHS? \_\_ Yes \_\_ No
- SOPs/OIs are in place but are incomplete, outdated, not signed by Privileged Physician, and/or not reviewed annually.
- SOPs/OIs are not available or have substantial problems.

Best practice guidance: Availability of appropriate SOPs/OIs is an important requirement.

**(Check all boxes that apply)**

<input type="checkbox"/> Immunization Availability	<input type="checkbox"/> Vaccine Information & Vaccinee Education
<input type="checkbox"/> Vaccine Storage & Handling	<input type="checkbox"/> Indications & Contraindications
<input type="checkbox"/> Immunization Recordkeeping	<input type="checkbox"/> Immunization Personnel Training
<input type="checkbox"/> Adverse Events after Immunization	<input type="checkbox"/> Vaccine Advocacy

4. Are standing orders for immunizations appropriately used? **(Check the option that best matches your findings)**

- Standing orders are available for all immunizations administered, except smallpox vaccine, and reviewed/approved/signed within the last 12 months by a Privileged Physician.
- ❖ Will staff send a copy of standing orders to IHS? \_\_ Yes \_\_ No
- Immunizations are given only by prescription.

- Immunizations are given without standing orders or prescription, or standing orders are not updated and reviewed/approved/signed within the last 12 months by a Privileged Physician.

5. What process is in place for travel and/or deployment immunizations?

**(Check the option that best matches your findings)**

- Records are reviewed to determine vaccination requirements in accordance with appropriate recommendations from CDC's Yellow Book, Combatant Command (CCMD), or Service specific deployment guidance/requirements prior to transfers to other commands or travel to overseas locations.
- The immunization site does not administer all travel and/or deployment immunizations, and patients are referred to a travel clinic or other appropriate site to review and administer travel and/or deployment immunizations.
- No clear process is in place to address the needs of patients who request travel and/or deployment immunizations.

### **Summary of Standard 1:**

**Recommendation & interventions for Standard 1:** (include corrective actions, suggestions for improvement and/or identified best practices)

### **Standard 2: Vaccine Information & Vaccine Education**

1. Does the provision of Vaccine Information Statements (VISs) meet best practices, including ready availability of VISs, maintenance of current VIS versions, and VIS provision to each patient before each vaccine that is administered? **(Check the option that best matches your findings)**

- VIS provision meets all best practices.
- VIS provision meets best practices with only small discrepancies i.e. ~75%.
- VIS provision meets some best practices i.e. ~50%.
- VIS provision does not meet best practices.

2. What process is in place for patients/parents who ask for additional information beyond what is on the VIS, or those who refuse vaccination?

**(Check the option that best matches your findings)**

- Patients/parents are given education on benefits and risks of vaccine, provided with educational websites, and referred to a Privileged Physician or healthcare provider. (0.5 points)
- Patients/parents are referred directly to Privileged Physician or healthcare provider. (0.5 points)
- Patients/parents are referred only to their command for vaccine concerns or refusal. (0 points)
- No clear process is in place for referring patients/parents with vaccine concerns or refusal. (0 points)

3. Are current, mandatory DoD brochures and educational materials, as published by USAMMC-DOC, available and provided before each smallpox and/or anthrax vaccine?

**(Check the box that best matches your findings)**

- Current ACAM2000 Medication Guide and anthrax and/or smallpox vaccine brochures are available and provided prior to each vaccination.
- Brochures and/or ACAM2000 Medication Guides are available but not clearly current or not consistently provided.
- Brochures and/or ACAM2000 Medication Guides are not appropriately available and provided to patients.
- N/A; no anthrax or smallpox vaccines are provided at this immunization site.

**Summary of Standard 2:**

**Recommendation & Interventions for Standard 2:** (Include corrective actions, suggestions for improvement and/or identified best practices)

**Standard 3: Vaccine Storage and Handling**

1. What is the approximate total cost of the vaccines in storage unit(s) at this immunization site?

\$ \_\_\_\_\_

2. What type of thermometer is used in vaccine storage units?

**(Check the option and/or box that best matches your findings)**

NIST-certified (with certificate) and calibrated thermometer

<input type="checkbox"/> Bio-safe glycol-encased probe	<input type="checkbox"/> Minimum-maximum
<input type="checkbox"/> Digital	<input type="checkbox"/> Digital Data Logger
<input type="checkbox"/> Other	

❖ Will staff send photos clearly depicting the calibration certification date of thermometers in their current location to IHS? \_\_Yes \_\_No

- Thermometer / digital data logger in place but NOT clearly certified or calibrated
- No thermometer found

3. How often does immunization site visually check and manually document refrigerator and/or freezer temperatures on a temperature log? **(Check the option that best matches your findings)**

- Refrigerator and/or freezer temperatures are visually checked and manually documented on temperature log at least twice daily per local policy.
- ❖ Will staff send copies of the last two months of temperature logs to IHS? \_\_Yes \_\_No
- Refrigerator and/or freezer temperatures are visually checked and manually documented on temperature log at least daily.
- Refrigerator and/or freezer temperatures are visually checked and manually documented on temperature log; however, this is not consistently done.
- No refrigerator and/or freezer temperatures are visually checked or manually documented.

4. What safety procedures are in place for alarms on the refrigerator, freezer, and/or continuous temperature monitoring system? **Check all boxes that best match your findings)**

- All refrigerator/freezer units are constantly monitored by the alarm system specified below.

<input type="checkbox"/> Sensaphone	<input type="checkbox"/> Rees Scientific	<input type="checkbox"/> Check Point
<input type="checkbox"/> Versa Trak	<input type="checkbox"/> Other _____	

- The alarm system is tested per DoD, Service, or local policy.
- The alarm system notifies appropriate personnel per local policy.
- Refrigerator/freezer units are plugged into back-up or batter power.
- Alarm system is plugged into back-up or battery power.
- Stickers are posted by electrical outlets to ensure refrigerator, freezer, and/or alarms are not unplugged.

5. Are vaccines stored IAW manufacturer’s recommendations in original packaging and properly rotated (i.e. by expiration date)? **(Check the option that best matches your findings)**

- All Vaccines are stored in original packaging and properly rotated; no expired vaccines are noted.
- Only some vaccines (i.e., light-sensitive products like MMR, MMRV, VAR, JE, etc.) are stored in original packaging; no expired vaccines are noted.
- Vaccine removed from original packaging, not rotated, and/or some products are expired.
- ❖ I have validated that there are no expired vaccines in the refrigerator/freezer? \_\_Yes \_\_No
- ❖ Staff is requesting IHS assistance to appropriately dispose of expired vaccine? \_\_Yes \_\_No
- ❖ Will staff send a photo of immunization Refrigerator(s)/Freezer(s) to IHS? \_\_Yes \_\_No

6. Are all diluents current (not expired) and stored IAW manufacturer’s package insert? **(Check the option that best matches your findings)**

- All diluents are current (not expired) and stored IAW manufacturer’s package insert.
- Diluents are not stored IAW manufacturer’s package insert and/or expired diluent noted.
- N/A; immunization site does not administer any vaccines that require reconstitution with diluent.

7. Are any staff members or leaders from the immunization site subscribed to receive Medical Material Quality Control (MMQC) or equivalent messages on vaccine product recalls or changes? **(Check the option that best matches your findings)**

- Yes
- No

8. What process is in place for pre-filling/pre-drawing vaccine in syringes? **(Check the option that best matches your findings)**

- Pre-filling/pre-drawing vaccine in syringes is prohibited and vaccine is drawn only at the time of administration.
- Only during valid mass immunization events are a limited amount of vaccine pre-filled/pre-drawn; each syringe is labeled with type of vaccine, lot number, date and time it was filled; unused vaccine in syringes is discarded at the appropriate time interval or by the end of the duty day.
- Vaccines are pre-filled/pre-drawn in syringes without valid indication, are not labeled properly and/or not discarded at the appropriate time interval or by the end of the duty day.

9. Are vaccines prepared in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed?

- Yes
- No

10. Are all vaccines handled IAW ACIP, CDC and DHA-IHB Storage & Handling guidelines?

**(Check all boxes that apply.)**

- All opened multi-dose vials and reconstituted vaccines are properly labeled (i.e., date, time and initials), single dose vials are not missing protective caps, and manufacturer's-prefilled syringes do not have sterile tip caps removed.
- All single dose vials that are missing protective caps, manufacturer-prefilled syringes that have added needles, and/or expired reconstituted vaccines are discarded at the end of the duty day if not used.
- Discrepancies are noted in labeling, maintaining intact caps, and/or appropriately discarding vaccines.

11. How often is training on cold chain management, also known as Temperature Sensitive Medical Products (TSMP) training conducted and properly documented?

**(Check the option that best matches your findings)**

- TSMP training is conducted during orientation and annually at a minimum and properly documented by immunization site.
- TSMP training is conducted but not consistently or properly documented.
- TSMP training is not conducted.
- ❖ Staff is requesting additional cold chain management training from IHS:  Yes  No

12. Are step-by-step emergency procedures included in the immunization site's SOPs/OIs to help prevent a vaccine and/or TSMP compromise?

**(Check the option that best matches your findings)**

- SOPs/OIs are available, current, and clearly provide step-by-step instructions on notification and movement of vaccine in the event of an emergency to prevent a cold chain compromise.
- SOPs/OIs are available but not current, incomplete, and/or require updating.
- SOPs/OIs are unavailable or do not include step-by-step procedures.

13. What is the process for reporting a potential vaccine and/or TSMP compromise?

**(Check all the boxes that apply)**

- Move vaccines/TSMP to working storage unit at proper temperature, label vaccines/TSMP as "DO NOT USE" until released by DLA TS Medical/DHA-IHB/USAMMA-DOC, and activate your emergency plan.
- Do not destroy/discard vaccines/TSMP until final disposition is received by DLA TS Medical/DHA-IHB/USAMMA-DOC.
- Contact local Immunization Healthcare Specialist (IHS) for help with completing the Potentially Compromised Vaccine/TSMP Response Worksheet or, if IHS is unavailable, contact USAMMA-DOC.
- Submit completed Potentially Compromised Vaccine/TSMP Response Worksheet along with copies of temperature logs and/or printout of electronic monitoring system (if available) to local IHS for review and submittal to DLA TS Medical/DHA-IHB/USAMMA-DOC. Stand-by for further instructions from local IHS and/or USAMMA-DOC.
- Process is unknown or immunization site has no process available.
- ❖ Staff is requesting assistance from IHS for evaluating vaccine TSMP processes?  Yes  No

14. Do SOPs/OIs include proper packing protocols for transporting vaccines and/or TSMP during a potentially compromised vaccine/TSMP incident or shipping vaccine(s)/TSMP to another location?

**(Check the option that best matches your findings)**

- Yes, SOPs/OIs include proper packing protocols for transporting or shipping vaccine and/or TSMP to another location.
- No, SOPs/OIs do not include proper packing protocols for transporting or shipping vaccine(s)/TSMP to another location.
- ❖ Staff is requesting assistance from IHS concerning packing protocols?  Yes  No

15. Does immunization site have a process for redistribution of vaccines and/or other TSMP that will expire and not be used within 90 days? **(Check the option that best matches your findings)**

- Yes, vaccine redistribution process is included in SOPs/OIs.
- Yes, staff verbalizes process; however process is not included in SOPs/OIs.
- No, staff is unaware of process for redistribution of vaccines.
- ❖ Staff is requesting assistance from IHS concerning redistribution of vaccines?  Yes  No

### **Summary of Standard 3:**

**Recommendation & Interventions for Standard 3:** (Include corrective actions, suggestions for improvement and/or identified best practices)

### **Standard 4: Indications and Contraindications**

1. Are patients screened for all indicated vaccinations based on age, health status, travel, and occupation during their visit, in accordance with Service-specific guidance and CDC/ACIP best practices?

**(Check the option that best matches your findings)**

- Patients are screened to determine vaccination requirements in accordance with current childhood, general adult, travel and occupational requirements in accordance with Service-specific guidance and CDC/ACIP best practices.
- Screening of ITS, medical records and shot records is performed only to identify overdue vaccine requirements.
- Records are screened only to verify written vaccine prescriptions.
- No identifiable screening processes are in place.
- ❖ Staff is requesting assistance from IHS concerning screening processes?  Yes  No

2. What questions are used to screen patients for vaccine contraindications?

**(Check the option that best matches your findings)**

- Each patient is screened according to CDC/ACIP best practices; for example, they are asked about allergies, health status, previous adverse events, and if they are taking any medications or had any live vaccines in the past month before immunization. If smallpox vaccine is administered, the current smallpox screening form is used appropriately.
- Screening is performed but some processes need minor improvement.
- Screening processes need substantial improvement.

- Screening processes are not standardized and/or screeners lack understanding of critical screening items.
  - No screening processes identified.
3. What process is in place for patients who state they have an allergy to a component of a vaccine?  
**(Check the option that best matches your findings)**
- The automated and hard copy medical record (if applicable) is reviewed, temporary medical exemption is documented in automated system if not already entered, and patient is referred to Privileged Physician or healthcare provider for further consultation.
  - Patients are referred directly to provider without full record review and documentation of temporary medical exemption.
  - No process is in place for provider referral.
4. How does the immunization site alert and screen women of child bearing age for pregnancy?  
**(Check all the boxes that apply)**
- Signs asking pregnancy status are posted in patient waiting areas and vaccine administration rooms.
  - Women of childbearing age are screened (written or verbally), asking if they are pregnant, trying to become pregnant, or if there is any chance of pregnancy.
  - If a patient is unsure about pregnancy, immunizations are deferred until negative pregnancy test result.
  - Women are counseled not to become pregnant for 4 weeks following administration of live vaccines.
  - No pregnancy screening is performed for women of childbearing age.
  - N/A – Only males are vaccinated at this immunization site; no women.

#### **Summary of Standard 4:**

**Recommendation & Interventions for Standard 4:** (Include corrective actions, suggestions for improvement and/or identified best practices)

#### **Standard 5: Immunization Recordkeeping**

1. Does the immunization site document all immunizations in an approved electronic health record (EHR, i.e., AHLTA or MHS-GENESIS) using best practices? Best practices include same-day entry of vaccine manufacturer, lot number, dose, site, route, current VIS date, and identification of the person administering the vaccine. If a readiness/immunization tracking system (ITS) is the primary point of entry for active duty immunizations, the immunization site must ensure timely movement of data to the EHR.

**(Check the option that best matches your findings)**

- EHR documentation meets all best practices.
- EHR documentation meets many best practices i.e. ~75%.
- EHR documentation meets some best practices i.e. ~50%.
- EHR documentation does not meet best practices.
- ❖ Staff is requesting additional training on immunization module within EHR? \_\_\_Yes \_\_\_No

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2. Does the immunization site document all active duty immunizations in an approved readiness / immunization tracking system (ITS, i.e., MEDPROS, MRRS, ASIMS, or SAMS) using best practices? Best practices include same-day entry of vaccine manufacturer, lot number, dose, site, route, current VIS date, and identification of the person administering the vaccine.

**(Check the option that best matches your findings)**

- ITS documentation meets all best practices.
- ITS documentation meets many best practices i.e. ~75%.
- ITS documentation meets some best practices i.e. ~50%.
- ITS documentation does not meet best practices.
- N/A, this clinic does not see any active duty personnel.
- Staff is requesting additional training on ITS systems from IHS?  Yes  No

3. What processes are used when patients present with no written documentation of previous vaccinations? **(Check all the boxes that apply)**

- Staff review ITS, DEERS, medical or deployment health records, or documentation of serologic testing.
- Staff refer patients to a healthcare provider for serologic testing to verify immunity (i.e., MMR, Hep A, Hep B, and/or Varicella testing).
- Staff knows when/how to appropriately document “medical assume” in ITS, and give credit for vaccinations received during prior military service.
- After attempts to find records are exhausted, staff complete immunization series according to the recommended schedule as soon as possible.
- No attempts are made to verify previous vaccinations, increasing chances that unnecessary vaccines are administered.

4. Are CDC 731s (formerly PHS 731/yellow shot record) available and appropriately used for documentation of yellow fever, polio and/or other vaccines as appropriate?

**(Check the option that best matches your findings)**

- Yes, CDC 731s are available and used for patients requiring yellow fever and/or polio vaccinations along with DoD uniform stamp (yellow fever stamp); CDC 731s are available for documentation of other vaccines at patient request.
- Staff will provide IHS with a scanned copy of DoD uniform stamp?  Yes  No
- No, CDC 731s and/or DoD uniform stamp is/are not available; however staff are aware of requirement and can acquire these resources if needed or requested.
- Immunization site does not provide yellow fever and/or polio vaccine and refers patients to another immunization site to obtain CDC 731s if requested.
- No, CDC 731s and/or DoD uniform stamp is/are not available and staff are unaware of requirement or how to acquire these resources, if requested.

5. What process is in place for transcribing immunization records? Best practices include transcribing date, immunization given, dose, site, route, lot #, manufacturer, and identity of person who administered vaccine, if available, and (if applicable) valid DoD uniform stamp (yellow fever stamp). Best practices include entry of “Transcribed from official records.”

**(Check the option that best matches your findings)**

- Meets all best practices for transcribing vaccine records.
- Meets some best practices for transcribing vaccine records i.e. 50% or less.
- Does not meet any best practices for transcribing vaccine records.

## **Summary of Standard 5:**

**Recommendation & Interventions for Standard 5:** (Include corrective actions, suggestions for improvement and/or identified best practices)

## **Standard 6: Immunization Personnel Training**

1. Is immunization-specific training conducted and documented during orientation and annually?  
**(Check the option that best matches your findings)**

- All staff training records include required immunization training during orientation and annually.
- Staff training records meet approximately 75% of this standard.
- Staff training records meet approximately 50% of this standard.
- Staff training records meet approximately 25% of this standard.
- Staff performs some training, but has substantial problems meeting this standard.
- No staff training records available or records reviewed contained no documentation of immunization-related training.

2. Are immunization-specific competencies utilized for immunizer(s) training records?  
**(Check the option that best matches your findings)**

- Standardized competencies are utilized, signed off by a facilitator and documented in training records.
- Competency forms are utilized, however not all areas are covered i.e. ~75%.
- Competency forms have moderate deficiencies i.e. ~50%.
- Competency forms have substantial deficiencies i.e. ~25%.
- No competency forms are utilized for documentation of competency.

3. Can staff demonstrate where to find CDC and DoD immunization references and training resources? Immunization references and training resources include: ACIP recommendations, CDC Pink/Yellow Book, AOR requirements, CCMD requirements, USAMMA-DOC resources, and IHB resources, including Tool Kit, Joint Knowledge Online training, and live training courses.

**(Check the option that best matches your findings)**

- Staff can access all relevant vaccine references and training resources.
- Staff can access most (i.e. ~75%) vaccine references and training resources.
- Staff can access some (i.e. ~50%) vaccine references and training resources, but missing some key references/resources.
- Staff can access very few (i.e. ~25%) vaccine references and training resources.
- Staff does not access vaccine references and training resources.

## **Summary of Standard 6:**

**Recommendation & Interventions for Standard 6:** (Include corrective actions, suggestions for improvement and/or identified best practices)

### **Standard 7: Adverse Events after Immunization**

1. Which medications, equipment, and supplies are readily available for emergency management of anaphylaxis? Medication concentration and equipment should be appropriate to the age range of the population served. **(Check the option that best matches your findings)**

- Immunization site has at least 3 unexpired age-appropriate epinephrine auto-injectors (or epinephrine in vials 1:1000 with demonstrated knowledge of correct dosing), as well as stethoscope, blood pressure cuff, oral airways, and bag-valve-mask to administer O<sub>2</sub> by positive pressure, immediately available and appropriately sized for the patient population served.
- Immunization site has appropriate epinephrine (equivalent of 3 unexpired auto-injectors), but suboptimal access to all other recommended supplies.
- Immunization site has less than 3 doses of age-appropriate auto-injectors or vials and suboptimal access to all other recommended supplies.
- Immunization site cannot demonstrate ready access to unexpired age-appropriate epinephrine, or access to all other recommended supplies.

2. Can the immunization site demonstrate ready access to local emergency medical system (EMS), with regular testing and practice on this response?

**(Check the box that best matches your findings)**

- Yes, the immunization site can demonstrate ready access to EMS and testing/practice on response and is documented at least annually.
- The immunization site reports EMS access, but does not clearly test or practice response, and no documentation available.
- No, the immunization site cannot demonstrate EMS access and no documentation available.

3. Is staff trained to respond to acute adverse events following immunization (AEFI)? Meeting CDC Best Practices for this standard means that staff are all trained to identify and respond to anaphylaxis, including administering epinephrine, protecting airway, performing cardiopulmonary resuscitation (CPR), establishing IV access, administering O<sub>2</sub>, and activating EMS. Staff must also be trained to recognize and respond to vasovagal and other acute events. Training must be updated and documented at least annually. **(Check the option that best matches your findings)**

- Immunization site meets all (100%) best practices for this standard.
- Immunization site meets most (~75%) of the best practices for this standard.
- Immunization site meets some (~50%) of the best practices for this standard.
- Immunization site has very serious deficiencies in this standard.

4. What is the immunization site's process to report an adverse event following immunization (AEFI)? Meeting CDC Best Practices for this standard means documenting all AEFI concerns in the medical record, referring patients with AEFIs (current or past) to a medical provider, ensuring specialty consultation if applicable, and submitting VAERS forms. **(Check the option that best matches your findings)**

Immunization site meets all best practices for this standard.

Immunization site meets some (>50%) best practices for this standard.

Immunization standard has very serious deficiencies (meets <50%) in this standard.

5. What does the immunization site's standard operating procedures (SOPs) or Operating Instructions (OIs) include in the event of anaphylaxis or other adverse event? **(Check all the boxes that apply)**

SOPs/Ops list step-by-step procedures in the event of anaphylaxis or other adverse event.

SOPs/OIs require medical provider to be immediately available in the event of an adverse event.

- SOPs/OIs require practice drills (i.e. mock codes) at least annually.
- SOPs/OIs are accessible to staff and are reviewed at least annually.
- None of the above are evident in this clinic.

### **Summary of Standard 7:**

**Recommendation & Interventions for Standard 7:** (Include corrective actions, suggestions for improvement and/or identified best practices)

### **Standard 8: Vaccine Advocacy to Protect the Military Family**

1. Does Staff from the immunization site participate in immunization patient education, outreach activities, and/or promoting ACIP recommended vaccines?

**(Check the option that best matches your findings)**

Yes

No

2. Does the immunization site have a quality improvement process for its immunization practice? **(Check the option that best matches your findings)**

Yes

No

3. Are annual influenza vaccine compliance and other immunization rates tracked at this immunization site? **(Check the option that best matches your findings)**

Yes

No

4. In addition to DoD-mandated immunizations, are ACIP-recommended vaccines promoted at immunization site for appropriate patient groups (i.e. smokers, high risk, travelers/deployers)?

**(Check the option that best matches your findings)**

- Yes
- No

**Summary of Standard 8:**

**Recommendation & Interventions for Standard 8:** (Include corrective actions, suggestions for improvement and/or identified best practices)

**Digital signature of individual completing CQIIP/VCQIIP:** \_\_\_\_\_

**Digital signature of individual’s supervisor:** \_\_\_\_\_

IHD Access:

=====

**To be completed by IHS:**

**Overall CQIIP/VCQIIP Summary: (Maximum 1600 characters):**

**IHS Comments to DHA-IHB HQ:**

<b>Pre-Visit / Virtual Preparation:</b>	<b>Post-Visit / Virtual Activities:</b>	<b>Clinic List updated with:</b>
<input type="checkbox"/> In-Brief <input type="checkbox"/> Verified IMR Status <input type="checkbox"/> Customer CQIIP/VCQIIP Tool Submitted / Reviewed	<input type="checkbox"/> Out-brief completed <input type="checkbox"/> Resources provided <input type="checkbox"/> Summary of Findings & Recommendations provided to immunization site staff	<input type="checkbox"/> Site / POC(s) information updated <input type="checkbox"/> CQIIP/VCQIIP completion and score provided to site staff