



School-Based, Mobile & Drive-Thru Vaccination Clinics: Self-Attestation for Vaccinators & Emergency Responders

1. I have reviewed the instructions for use and watched the following video to familiarize myself with the epinephrine presentation my clinic will be utilizing (complete all that apply):

- a. My Public Health Network will be utilizing Epi-Pens[®]. I have reviewed the instructions for use, watched the demonstration video at (<https://www.epipen.com/en/about-epipen-and-generic/how-to-use-epipen>) and understand how to utilize an Epi-Pen[®] intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

- b. My Public Health Network will be utilizing AUVI-Q[®] epinephrine autoinjectors. I have reviewed the instructions for use, watched the demonstration video (<https://www.youtube.com/watch?v=FMxHo8CM7aw>) and understand how to utilize AUVI-Q[®] intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

- c. My Public Health Network will be utilizing Adrenaclick[®] epinephrine autoinjectors. I have reviewed the instructions for use, watched the demonstration video (<https://www.youtube.com/watch?v=J0cSlufZpNI>) and understand how to utilize Adrenaclick[®] intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

- d. My Public Health Network will be utilizing Teva[®] epinephrine autoinjectors. I have reviewed the instructions for use, watched the demonstration video at (<https://vimeo.com/306127600>) and understand how to utilize Teva[®] intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

- e. My Public Health Network will be utilizing _____ epinephrine autoinjectors. I have reviewed the instructions for use, watched a demonstration video and have undergone training specific to this epinephrine autoinjector and understand how to appropriately utilize it intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

- f. My Public Health Network will be utilizing epinephrine vials. I have undergone additional training specific to my Public Health Network and understand how to draw up and administer the appropriate dose of epinephrine intramuscularly in an emergency.

Vaccinator Printed Name/ Signature _____/_____ Date _____

2. I have watched the following video (<https://www.youtube.com/watch?v=PgSuCPnPeYE>) and understand how to administer an Intramuscular Injection into the deltoid.

Vaccinator Printed Name/ Signature _____/_____ Date _____