

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

I, _____

**CERTIFY AND AFFIRM THAT I HAVE ENGAGED IN A CAREFUL STUDY OF THE
CCDPH 2009 H1N1 VACCINATOR TRAINING CURRICULUM***

**I FURTHER CERTIFY AND AFFIRM THAT I UNDERSTAND THE MATERIAL AND THE INSTRUCTIONS FOR
VACCINATORS, AND WILL ADHERE TO CCDPH MEDICAL STANDING ORDERS, GUIDELINES AND
DIRECTIONS DURING THE PERFORMANCE OF MY DUTIES AS A VACCINATOR IN THE CCDPH 2009
H1N1 VACCINATION PROGRAM**

SIGNATURE
PRINT NAME: _____
PRINT LICENSE TYPE: _____
PRINT DATE: _____

FOR OFFICIAL USE ONLY:

THE VACCINATOR IDENTIFIED ABOVE HAS SUCCESSFULLY PASSED THE PROFICIENCY TEST ADMINISTERED AS PART OF THE JUST-IN-TIME REVIEW OF VACCINATOR TRAINING PROVIDED AT THE CCDPH PROGRAM SITE.

CCDPH REPRESENTATIVE
PRINT NAME: _____
PRINT DATE: _____

*CCDPH VACCINATOR TRAINING CURRICULUM IS POSTED ON LINE AT [.COOKCOUNTYPUBLICHEALTH.ORG](http://COOKCOUNTYPUBLICHEALTH.ORG) AND INCLUDES, AT MINIMUM, THE STUDY AND REVIEW OF: 1. EZ-IZ TRAINING (MODULES ON PREPARATION AND ADMINISTRATION OF VACCINE) AT [.EZIZ.ORG](http://EZIZ.ORG); 2. VACCINE INFORMATION STATEMENTS FOR LIVE AND INACTIVATED H1H1 VACCINE; 3. CCDPH POLICY GUIDELINES AND STANDING ORDERS FOR ADMINISTRATION OF LIVE AND INACTIVATED H1N1 VACCINE; 4. H1N1 VACCINE CONSENT AND VACCINATOR ASSISTANCE TOOL; 5 CCDPH POLICY GUIDELINES ON VACCINE HANDLING AND UNCOOPERATIVE CHILDREN; 6. PRINCIPLES OF SERVICE AND 7. CONFIDENTIALITY RULES.