

**NURSE PROTOCOL FOR ADMINISTERING VACCINES  
DURING PUBLIC HEALTH EMERGENCIES  
WITHIN THE WEST CENTRAL HEALTH DISTRICT  
SIGNATURE PAGE**

All staff that provides vaccine services as part of a Public Health clinic, campaign or mass vaccination event will adhere to requirements of The Georgia Immunization Program (GIP) Manual that provides Public Health personnel with up-to-date information and guidance. The GIP Manual is based primarily on the Recommendations of the Advisory Committee on Immunization Practices (ACIP). The ACIP Recommendations are located at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

The GIP Manual and ACIP recommendations are the official Department of Public Health (DPH) policies, procedures, and standards for administering vaccines, providing and documenting immunization services, and evaluating quality assurance in Public Health Districts.

The signatures below indicate an agreement between the delegating physician(s) and the registered professional nurse(s) RN(s) who are authorized to administer the vaccines included in the Nurse Protocol Agreement for Administering Vaccines during Public Health Emergencies.

The RN or APRN whose signature appears below on this signature page:

1. Has successfully completed all required training on the provision of vaccines in accordance with requirements of the Georgia Immunization Program Manual for vaccines included in the Nurse Protocol Agreement for Administering Vaccines during Public Health Emergencies.
  
2. Have been given the opportunity to have questions answered.

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Signature of Delegating Physician

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Date

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Signature of RN or APRN

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Date

**NURSE PROTOCOL AGREEMENT  
FOR ADMINISTERING VACCINES DURING PUBLIC HEALTH EMERGENCIES**

The signatures below indicate an agreement authorized through O.C.G.A. § 43-34-23 between the delegating physician(s) and the Registered Professional Nurse(s) (RNs) and/or Advanced Practice Registered Nurses (APRNs) that the undersigned individuals are authorized to administer, order and dispense the specific vaccines listed below in accordance with the requirements of the Nurse Protocol for Administering Vaccines During Public Health Emergencies.

Vaccine Administration:

Vaccines can be administered for the following populations (all ages or specific age groups):

- |                                   |          |
|-----------------------------------|----------|
| 1. <u>Adults aged 19 and over</u> | 2. _____ |
| 3. _____                          | 4. _____ |

The following vaccines can be administered:

1. Adult Flu
2. COVID
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The signatures below indicate an agreement between the delegating physician(s) and the Registered Professional Nurse(s) RN(s) who are authorized to administer the vaccines listed in this agreement.

_____ Signature of Delegating Physician	_____ Date
_____ Signature of RN or APRN	_____ Date
_____ Signature of RN or APRN	_____ Date
_____ Signature of RN or APRN	_____ Date
_____ Signature of RN or APRN	_____ Date
_____ Signature of RN or APRN	_____ Date