Meningitis ACWY ETool Consultations for Hajj

Log into your ETool account and go to 'Start consultation'.

| Patients between 6 and 74 years of a To view a full list of eligibility criteria and of | ge are eligible for consultation with the ETOOL ther useful resources such as, pre-consultation eligit | bility check lists, check the " <u>ETool resources</u> ". | |
|--|---|---|----------------------|
| Account status | | 💂 ETool training | Account settings |
| Patients/Consultations | Jobs to do | | Consultation History |
| + Start Here | [2] - Incomplete consultations | [24] - Incomplete supply records | [16] - Consultations |

Search / Add Patients Search for the patient Search using either the patient's consultation code or three unique identifiers. with their personal information or their Search by Consultation Code Search / Add Patient unique consultation Patient Search Consultation search Enter patient's consultation code Available from patient's account <u>(letters are case sensitive)</u> To add a patient please search the details first. Minimum three fields required for search. code Name: (If the patient provides a Sumame: code, find their details DOB: Postcode: and complete the consultation, using the Search prompts along the way.)



| Provide patient's personal details. | | | | |
|--|--|----------------------|--------|-------------------------------|
| All details provided are held in the strictest confidence and will not be used for any marketing purpose. | All fields marked with an asterix* are man | ndatory | | |
| Patients under 18 years old? | | | Help 🕤 | Fill in the nations's datails |
| The patient's parent/guardian will need to register first. Then, from within their account, a separate registration | Title*: | Select 💌 | | Fin in the patient's details. |
| for the under 18 year old can be added under 'Dependant'. This is best done on the ETool's patient | First Name*: | New | | |
| view available at www.uniclinix.com. Both parent/guardian and the the under 18 year old will have | Surname*: | Account | | |
| to be present for any consultations completed with a pharmacist. | Date of Birth*: | 1 • January • 1990 • | 0 | |
| | Gender*: | Male Female | | Z |
| | | | | |
| | 4 | Address | Θ | |
| | Address Line 1*: | Street | | |
| | Address Line 2: | | | |
| | Town / City*: | City | | |
| | Country*: | United Kingdom 👻 | | |
| | Postcode*: | Postcode | | |
| | Con | tact Details | | |
| Fitfotravel NaTHNaC Haji or Umrah Contact.us Pharmacist.Term: | s and Conditions of Use | | | |

New Account Patient details

| | | | the consultation. |
|---------------------------------|------------------|---|--------------------------|
| Options | Patient Details | Next available schedule date | coloct |
| | Title: Mr | There are no conding vaccination echodules for this | select |
| Start NEW consultation - | Name: New | patient. | 'Meningitis |
| Travel | Surname: Account | | $\Delta C W Y'$ from the |
| Malaria | DOB: 01-01-1990 | | Active from the |
| Meningitis ACWY | Gender. Male | K | listed options. |
| Hepatitis B occupational health | | | |

The patient has to agree the statements which explain the consultation type is only for those wishing to obtain a meningitis ACWY vaccine and/or vaccine certificate prior to visiting Saudi Arabia to complete Hajj or Umrah pilgrimage. All sections must be filled in.

Confirm Declarations

I understand the purpose of this consultation is purely to obtain the Meningtis ACWY vaccine in order to receive a certificate to present on arrival in Saudi Arabia, where I intend to undertake a Hajj or Umrah pligrimage.

I understand that this consultation does not take into account any disease other than meningitis and the risks faced by travellers undertaking a pilgrimage in Saudi Arabia only.

When starting

Arrival Date Departure Date

I understand that if traveling to Saudi Arabia (or any other destination) for any purpose other than the Haj or Unrah pilgrimage, a full travel consultation is required.

Confirm you understand that your arrival date in Saudi Arabia must be at least 10 days after the date of vaccination.

Are you completing this consultation in order to obtain a replacement vaccination certificate? ○ Yes ○ No







Diseases questions

Check all answers with the patient and then confirm to proceed.

| Medical history 😧 | | | | | |
|-------------------------------|--|--|--|--|--|
| Confirm details | | | | | |
| Back to patient consultations | | | | | |

Check for allergies to any of the substances listed below.

 Formaldehyde Formaldenyde
Eggs
chicken protein
Protamine sulfate
Bovine proteins

 Sodium metabisulfate Polygeline Neomycin Chlortetracvcline Amphotericin B

Betapropiolactone Streptomycin Polymyxin B A previous vaccine Latex

Check the patient is not allergic to any of the listed substances.

When concluding the consultation, make sure you go through all extra advice provided by the system and then, assuming the patient is eligible, insert their decision regarding whether they want to get vaccinated.

| Highly recommended protection | |
|-------------------------------|--|
|-------------------------------|--|

Listed below are all vaccinations which the system strongly advises the patient obtain prior to their departure, based on the information provided regarding the planned itinerary activities and medical details.

| | 2. Risk advice 3. Vaccines available | 4. Conclude | |
|---|---|--|-------------------------------|
| onsuitation status: | Protection available - Pending confirmation | | |
| Part 4. Conclude d | sease consultation | | |
| Meningitis Va Proof of vaccination VALID FROM Proof of vaccination VALID UNTIL A certificate of a c conjugate meningoo of the certificate will | ccine Certificate is Required for H with the quadrivalent vaccine (A, C, W, Y) is in no less than ten Days before arrival is injugate meningococcal vaccine (Nimer occal vaccine was administered. If the vacci o be for JUST 3 years. | Hajj a visa requirement for Hajj and Umrah pilgrims and seasonal workers. required. nrix or Menveo) are valid for 8 years. However, the paper work must state clea be type it not indicated, it will be assumed that it is not the conjugate vaccine and | rly that a it the validity |
| | | | |
| Continue with prescr Patient has declined | ption requested for meningococcal meningitis meningococcal meningitis acwy vaccination as | acwy vaccination shey: | |

| tome Decases * Tratel Advice * Resources * Search Search Search By entering my password below I understand that I am declaring: | Logout | |
|--|--|--|
| Where protection has been requested • the conversing patient, contrimitial lunderstand the advice provided by the pharmacist and the ETC If a vaccine is to be administered • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to any vaccine • the consenting patient, contrimitiant have received clear advice on affectare in relation to a subscription to advice the vaccine in the subscription to advice the vaccine in the subscription to advice the vaccine in | or relating to my hepititis & vacconation and hepititis & risks within my occupation, ne administered as a result of an ETool consultation. of pharmacet | If the patient decides they want the vaccine obtain their consent. |
| Consent Confirmation | Save Consultation | K |
| the bar way parameter contern options. 1 Paper consent Download paper consent form - To use if patient does not have a password | You can save this consultation and return to this consent page if consent can not be completed now. | |
| Confirm patient has signed paper consent form | H Save Consultation | |
| + 2. Electronic consent | | |

Edit / Confirm prescription

Choose the vaccine from the list of options.

| Upload provision | Below is a record of all the items th Where there are several products av | at are on the prescription ailable that offer the same | protection the pharmacist v | ill be able to choose their preferred o |
|--------------------------------------|--|---|-----------------------------|---|
| Upload provision | Please specify which vaccine you are green button at the bottom of the page | e going to give by selecting re. | it from the drop down men | I, then save the changes by clicking |
| Once you have uploaded the provision | | | | |
| prescription again. | Disease | Selected Items | | Edit Items |
| Further Details | Meningococcal Meningitis ACWY | No vaccine selected | No declined vaccines | Nimenrix 💌 |
| Download prescription | | | | - Select preferred vacane - Menveo |
| Back to patient consultations | Save changes and return to pr | int prescription | | TNET INTERACTION. |

New Account Patient details

| Options | | Patient Details | | Next available schedule | date | Download the |
|---------------------------|------------|-------------------------------------|---------------|-----------------------------------|---------------------------|----------------------------|
| Start NEW consultation - | | Title: Mr Name: New | | There are no pending this patient | vaccination schedules for | prescription and vaccinate |
| View/Edit Vaccine Record | | Surname: Account DOB: 01-01-1990 | | | | the patient. |
| | | Gender. Male | | | | |
| Patient's Consultations | | | | | | K |
| E | Date | Status | Туре | Prescription | Record of Supply | |
| Summary of consultation 3 | 23-02-2017 | Confirmed | QC Meningitis | Edit Download | Add Record | |

| Uploading Administra | ation Records | Update Patient Provision | Record | | |
|---|--|---|--------------------------------------|--------|----------------------|
| All of the items on this prescription are listed in the first | | Provide information for each vaccine list | ed on the prescription. | | |
| administered/provided, a reason why. You must provide details for before you can submit the final | nust be given as to prevery item provided record. | ltem Name * | Select an item from the prescription | • | |
| Each provision record you submit will appear at the bottom of the page. Once all details for this prescription have been entered onto the system click on the "Submit Becard' button to constract the preserve | nit will appear at the | Was this item provided?* | Please select an option | * | |
| | tails for this prescription tem click on the plete the process | Batch * | | | |
| | proto a lo prococo. | Expiry Date of Batch * | | | |
| | | Site of Administration * | Site Administration | • | Upload the record of |
| | | Date of Administration * | 23-02-2017 | | administration. |
| | | Free Information | | | |
| | | | | | 1 |
| | | | Save | | K |
| Item Name | Wasgiven | Date Provided | Additional info | | |
| Menveo | yes | 23-02-2017 | | Remove | |
| | | Submit Records | | | |
| | | | | | |

| | Home Diseases • Travel Advice • | Resources + | Search | Logout |
|--|--|---|--------------------------|--|
| A meningitis ACWY vaccination certificate can be downloaded for the patient from the 'Besources' section. | Options Options Start NEW consultation View/Edit Vacche Record | Tool Resources Tool Resources Tool Blog Vaccine PLIs British Vaccination Schedules Meringtis ACVVV Vaccine Certificate Training Tool Training SSKTraining Torwel Resources | х 1990 | Next available schedule date There are no pending vacchaton schedules for this patient |
| Resources section. | Patient's Consultations | I Tarve In elevances Elit <u>Ecritavel</u> <u>Tarve Health arco</u> <u>Vaccination Green Book</u> Date Status 3 23-02-2017 Confirm | Type ed QC Meningitis | Prescription Record of Supply Download View Record |