

COVID-19 Immunization Entry Digital Form Quick Steps

This [eForm](#) is to facilitate the quick documentation of the COVID-19 Immunization into the Provincial Immunization Registry (PIR). Once the form is submitted the client's immunization record will be able to be retrieved from CareConnect.

- Before using [eForms](#) in Google Chrome, turn off auto-populate and enable pop-ups.
 - The first time the eForm is launched, users have to read and accept the terms of Privacy Confidentiality and Acceptable Use Acknowledgement form.
1. Go to URL: <https://covid.healthcarebc.ca/appdash/appdash.jsp>
 2. Enter **User Name** and **Password**. The British Columbia eHealth Application Launcher appears.
 3. In the PHS/eForms tile, click the **Launch Application** button.
 4. Search for Client in EMPI/Client Registry.
From the Left Hand Navigation (LHN), select **Client Search**. Enter BC Personal Health Number (PHN) or First Name, Last Name, and Date of Birth, click **Search**. Select the desired Client.
 5. Search for Provider
From the LHN, select **Provider Search**. Enter Name, and click **Search**. Select the desired Practitioner.
 6. From the LHN, select **COVID-19 Immunization Entry eForm**. The COVID-19 Immunization Entry Form displays.
 7. Select **Service Delivery Location** from the drop-down list.
 8. If Client was not found in Client Registry, complete the following fields:

IMPORTANT – All effort must be made to locate PHN, if BC PHN is unknown, a phone number AND address is required to align with provincial client identity standards!

- a. **PHN (Personal Health Number)**
- b. **Last Name**
- c. **First Name**
- d. **Date of Birth**
- e. **Sex**
- f. **Home Phone Number**
- g. **Address**

The following fields are defaulted: Agent, Date Administered, Lot Number, Lot Number Expiry Date, Doseage, Doseage Unit of Measure (UOM), Route, Trade Name and Manufacturer. "*" = Mandatory Fields.

9. Indicate **Consent Obtained**
10. Select **Reason for Immunization** from drop-down list
11. Select **Site** from drop-down list
12. Click **Submit** to send completed form to the Provincial Immunization Registry

Data Entry Error

1. Re-submit the eForm with the correct information, complete all fields as instructed above
2. In the **Comment** section at the bottom of the eForm clearly note the correction for example: "Site Correction from Arm Right deltoid to Arm Left deltoid".

Immunization Module User Guide

Jiyuan Zhang



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