

Job Aid: Client Profile Data Entry

COVAX Role Designation:	Site Super Users, Vaccinators, Site Staff
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- Key documentation elements.

Client Profile Data Entry Overview

While in the Client Profile, prior to administering vaccine, it is important to ensure that key documentation elements are correct. This will support multiple processes that are part of the COVID Vaccination efforts across our region including proper follow-up with clients if required and assessment of our regional coverage rates. The key documentation fields are listed below:

- First Name
- Last Name
- Gender
- Date of Birth
- Reason for Immunization
- Institution (as required)
- Health Card Number (10 digits only)
- Primary Care Provider
- Contact Information
- Address Information including postal code to auto populate Public Health Unit field.
- Client Consent Information

Please see the following page for a brief explanation of such documentation elements in a client's profile.

Key documentation elements

Client Name (highlighted in red)

Salutation: --None-- (dropdown)

First Name: Test (text)

Middle Name: (text)

* Last Name: Client (text)

Alias: (text) Duplicate Key: (text)

Verified Chosen Name: RPDB Number: (text)

Health Card Number / COVID ID: 1234567890 (text)

* Birthdate: 1992-01-01 (calendar icon)

Estimated DoB:

* Gender: Female (dropdown)

Alternative ID: --None-- (dropdown)

Other Alternative ID - Please specify: (text)

Alternative ID #: (text)

Public Health Unit (PHU): Middlesex-London Health Unit (dropdown)

Vaccine Related

Any Adverse Events After Immunization?: Appropriate Documentation Shown:

Vaccination Event: MLHU - TEST (dropdown)

Reason for Immunization: Healthcare Worker (dropdown)

Primary Care Provider: RM Test, Nurse Practitioner, test (dropdown)

Institution: Search Institutions... (text)

Reason vaccine was not administered: --None-- (dropdown)

Contact Information

Mobile: 5196635317 (text) Home Phone: 5196635317 (text)

Other Phone: (text) Work Phone Ext.: (text)

Email: example.mlhu.on.ca (text)

Preferred Method for Communication: --None-- (dropdown)

Preferred Language: English (dropdown) Secondary Language: --None-- (dropdown)

Proxy Name: (text) Proxy Phone: (text)

Relationship to the Client: --None-- (dropdown)

Address Information

Search Address: Search Address (text)

Street: 110-335 Wellington Road (text)

City: London (text) Province: ON (text)

Postal Code: N6C 4P8 (text) Country: Canada (text)

Client Consent Information

Consent for Data Collection: COVID-19 Assessment Completed:

Follow-up Communication by Email: Follow-up Communication by Text/SMS:

Complete the following data elements for New Clients and verify for existing clients.

NAME

Ensure name fields match name on a client's ID.

First name: Confirm spelling.

Last name: Confirm spelling. This field is used for searching for clients.

IDENTIFICATION

Health Card Number / COVID ID: Enter 10-digit OHCN number (no spaces, dashes, or version code). Encourage client to use a health card instead of Alternative ID. Clients without an OHCN can contact MLHU to have a COVID ID generated.

Alternative ID: Must be completed when client does not have an OHCN.

Other Alternative ID – please specify: Complete this field when Alternative ID is 'Other'.

Alternative ID #: Must be completed for all Alternative ID types.

DATE OF BIRTH

Select DOB using calendar icon, YYYY-MM-DD

VACCINATION EVENT

Always verify VE is correct.

REASON FOR IMMUNIZATION (RIM)

Select the most accurate value (the first RIM that applies from the top of the list). If the RIM is 'Age Eligible Population', check if something else fits better. This field is used for Ministry reporting.

INSTITUTION

Institution is required when RIM is Congregate Living, Long Term Care, Retirement Home, or Child and Youth Eligible Population. Check that RIM matches Institution.

CONTACT INFORMATION

Phone (Mobile, Other, Home, Work, Proxy): Enter number with area code (no spaces, dashes or brackets).

Email: Check it is correct. Vaccine receipt URL is emailed to client.

ADDRESS

Use **Search Address** field to prepopulate other fields (i.e. Street, City, Province, Postal Code, Country). For Manual Entry, complete all fields (including unit/apartment # in street field).

Postal Code: Always verify postal code with the client (space in the middle, no dashes).