COVID-19 Vaccination Declaration: MedAccess EMR

March 26th, 2021

The 'COVID-19 Vaccine Declaration' form is accessible in MedAccess EMR. Please use this form to pre-register for your COVID-19 vaccine. Please also indicate if you are willing to become a COVID-19 Immunizer and hold COVID-19 vaccination clinics in your area of practice (if applicable).

Accessing the COVID-19 Vaccination Declaration Form

To access the 'COVID-19 Vaccination Declaration' form, complete the following steps:

• Login to MedAccess EMR.

Quick Reference Guide

• From the landing page or day sheet, click the **Help** icon located in the top right corner of the screen.

Public Health- NP NDT	*BOC SHL COVID Report #DOC SHL COVID REPORT	COPD #DOCSNI, NE COM. Dieb <u>Immunita</u>		12 Lingthe Beports Mag Doviders Jacquates
Public Health Immunizations	Wed Mar 24, 2021 -	=	Uncompleted COVID con	sent and vaccine
	Public Head. [Birr Dier Weekly Availability Weekly Bookings Find this]		No data four	nd matching filter.
Date			My Active Task	
24-Mar-2021	Days Provider or Resource ← 1 → Melindy, Fred ▼		Due Patient 13Apr18 Unmatched,	Description Reason Rect - Report, none
Memo 💊			Patient	Scheduled, Stephanie's
Time Primary # Patient Chart # Patient	Type Concern Resource	Appt Status		Unassigned Test - Patients List
09:00		â	01May18 🕞 Conmatched,	

• Click **COVID-19 vaccination declaration** from the left side of the screen under Resource Corner.



Filling Out the Form

In order for Public Health Representatives to plan for future vaccine clinics, please indicate whether you are a **Physician** or **Pharmacist** from the drop-down menu.

Newfoundland Labrador				
The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physicians and Pharmacists who are interested in becoming COVID-19 immunizers and who are interested in receiving the COVID-19 vaccine. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccination plan.				
Occupation Type Select Physician Pharmacist				
Support				
© 2021 - COVID-19 Vaccination Declaration				

Proceed to fill in the following demographic details and other pertinent information. For timely processing, ensure that <u>all the information on the form is accurate</u>. Once your information is provided, click the **Submit** button at the bottom of the screen.

Once submitted, this form will be sent to Public Health to begin the next phase of planning for the continued deployment of the Provincial COVID-19 vaccination plan.

Physician:

Newfoundland Labrador						
The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physicians and Pharmacists who are interested in becoming COVID-19 Immunizers and who are interested in receiving the COVID-19 vaccine. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccinador plan.						
par. Occuption Type						
Physician V						
Information						
First Name	Last Name	Middle Initial (Optional)				
First Name	Last Name	Initial				
Date of Birth	MCP (Format: 123456789123)					
Year V Month V Day V	MCP					
License Number	Medical Clinic Name	Specialty (Optional)				
License Number	Medical Clinic Name	Specialty				
Phone Number	Phone Number Type	Regional Health Authority				
Phone Number	Please Select V	Please Select V				
Email Address 😧	Confirm Email Address					
Email Address	Confirm Email Address					
Address Line (Street)	CityTown	Province				
Address	City	Newfoundland and Labrador				
Country	Postal Code (A9A9A9)					
Canada	Postal Code					
Questions						
Are you a Fee-for-Service or Sataried Physician?	Select					
Are you interested in being a COVID19 immunizer?	Select.					
Did you receive your first dose of the COVID-19 Vaccine?	Select V					
Will you hold COVID-19 vaccine clinics at your practice?	Select V					
Are you a MedAccess EMR user?	Select V					
Lacknowledge and understand that with the submission of this fame the Department of Health and Community Services or Public Health and voir general community Services or Public Health Autority will contact you regarding the COVID-19 vaccination process.						
5) Submit						
hand.						
Eastern Control Contro						

Pharmacist:

Newfoundland Labrador						
The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physici plan.	ans and Pharmacists who are interested in becoming COVID-19 immunizers and who are interested in receiving the COVID-19 vaccine	. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccination				
Occupation Type						
Pharmacist						
Information						
First Name	Last Name	Middle Initial (Optional)				
First Name	Last Name	Initial				
Date of Birth	MCP (Format: 123456789123)					
Year V Month V Day V	MCP					
Registration Number	Pharmacy Name					
Registration Number	Pharmacy Name					
Phone Number	Phone Number Type	Regional Health Authority				
Phone Number	Please Select V	Please Select V				
Email Address 0	Confirm Email Address					
Email Address	Confirm Email Address					
Address Line (Street)	City/Town	Province				
Address	City	Newfoundland and Labrador				
Country	Postal Code (A9A9A9)					
Cenade	Postal Code					
0						
Questions						
Are you interested in being a COVID19 immunizer?	field					
Do you want to receive the COVID-19 vaccine?		Select				
advorted and understand that with the submission of this form the Department of Health and Community Services or Public Health Autority will contact you regarding the COVID-19 vaccination process.						
₿Sutmt						
Laoot						
	aupport					



