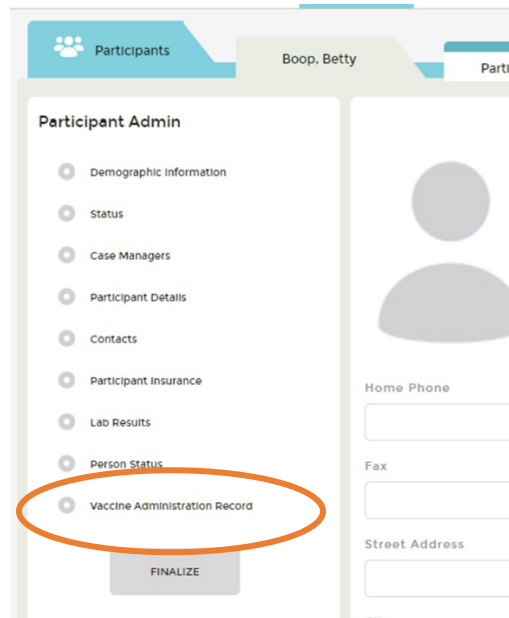


COVID Navigator Administrator's Quick Guide Vaccination

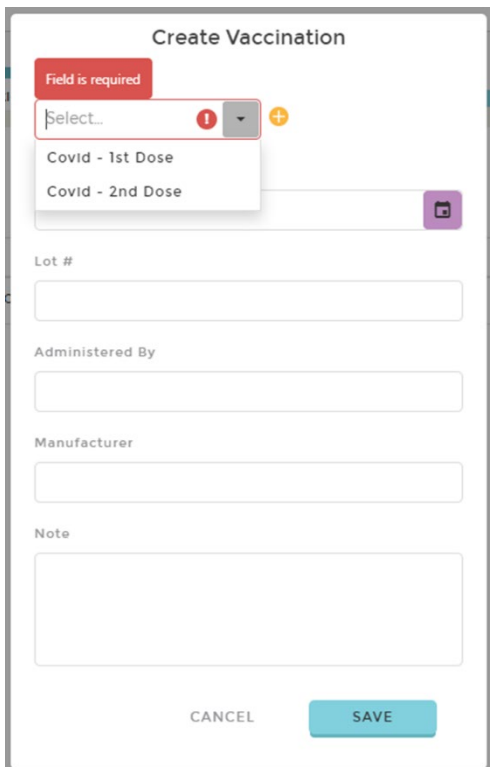
Vaccination Subform

There is now a new subform in the Participant Admin form called "Vaccination Administration Record."

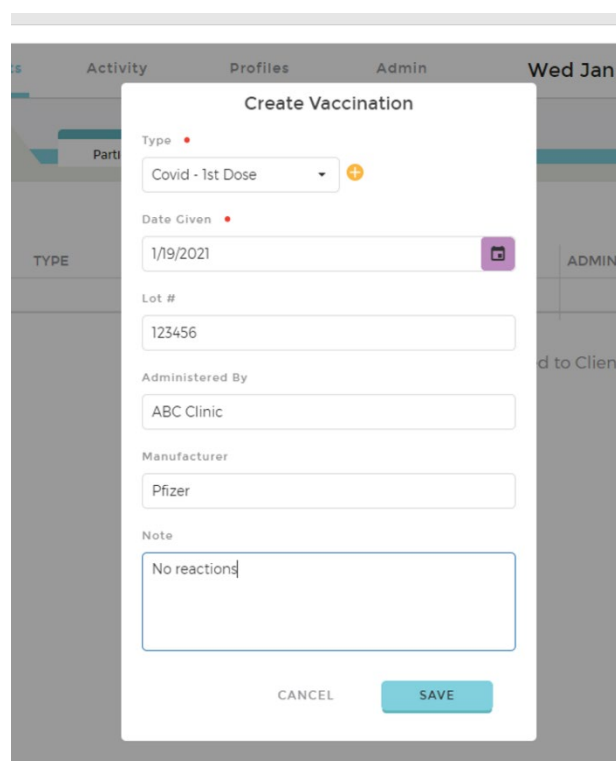


The screenshot shows the 'Participant Admin' interface. On the left, a vertical menu lists various subforms: Demographic Information, Status, Case Managers, Participant Details, Contacts, Participant Insurance, Lab Results, Person Status, and Vaccine Administration Record. The 'Vaccine Administration Record' option is highlighted with an orange oval. To the right, there is a profile card for 'Boop, Betty' with fields for Home Phone, Fax, and Street Address. A 'FINALIZE' button is located at the bottom of the menu.

Open the Subform and select 1st Dose or 2nd Dose and enter the date – both which are **required**. Remaining fields are optional.



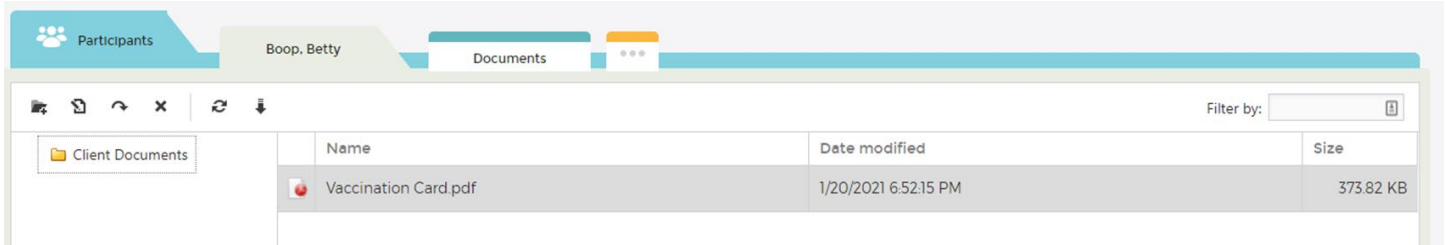
This screenshot shows the 'Create Vaccination' form. A red error message 'Field is required' is displayed above a dropdown menu. The dropdown menu is open, showing two options: 'Covid - 1st Dose' and 'Covid - 2nd Dose'. Below the dropdown, there are input fields for 'Lot #', 'Administered By', and 'Manufacturer', and a larger text area for 'Note'. At the bottom, there are 'CANCEL' and 'SAVE' buttons.



This screenshot shows the 'Create Vaccination' form with the following fields filled out: 'Type' is set to 'Covid - 1st Dose', 'Date Given' is '1/19/2021', 'Lot #' is '123456', 'Administered By' is 'ABC Clinic', and 'Manufacturer' is 'Pfizer'. The 'Note' field contains the text 'No reactions'. The 'SAVE' button is highlighted in blue.

Upload Vaccination Card:

Use the 3 dot tab and select "Documents" to upload a scan of the vaccination card.



COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

BOOP, BETTY

Last Name: **BOOP, BETTY** First Name: _____ MI: _____
Date of birth: **7-10-1960** Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer-BioNTech COVID-19 Vaccine Lot # EL1283	1/13/21	QMC- Return on day 21: 2/3/2021 for 2nd dose
Other # 2		2/13/21 mm dd yy	at 1:45 pm
Other		mm dd yy	

OPTIONAL: Display on Mobile App Badge

If you desire to also display the Vaccination status of your Participant on the Mobile App – please email support@ihealthhome.com to request the badge to display vaccination status.

