

# Immunization Entry Form Guide

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## Introduction

The Immunization Entry Form streamlines data entry into Panorama (also called the Provincial Immunization Registry/PIR.) You can use this form to document the administration of these agents, medications and/or vaccines for these diseases: COVID-19, DTaP-IPV-Hib, DTaP-IPV-HiB-HB, HA, HAHB, HB, HiB, HPV-9, influenza, Men-b, Men-C-ACYW, Men-C-C, MMR, MMRV, MPox/smallpox, Pneumo-C-13, Pneumo-P-23, Pneumo-C-20, Pneumo-C-21, polio, rabies, RSV, RSVAb/Nirsevimab, RSV Rotavirus, varicella, Td, Tdap, Tdap-IPV, Zoster-inactivated.

This guide explains how to use the Form. Find the most recent version of the guide on [PPHIS Confluence](#) or [PPHIS Reference Materials for Front Line Users](#).

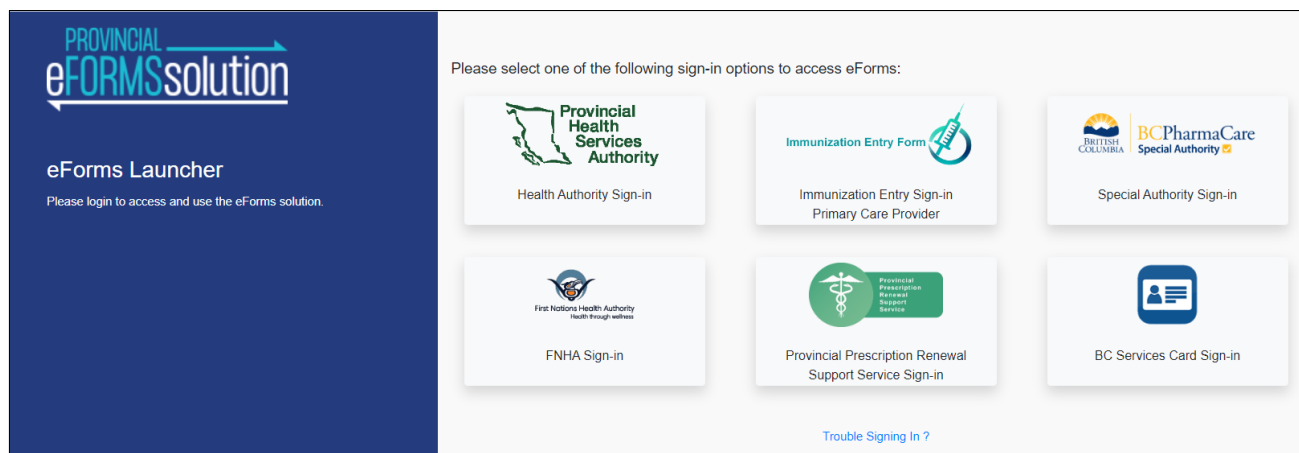
## Access

To access the Immunization Entry Form, email [eFormsEnrolment@phsa.ca](mailto:eFormsEnrolment@phsa.ca). Include your manager/supervisor on the email.

## Get Started

### Log In

1. Open the Google Chrome browser. Turn off autofill. Enable pop ups for [www.eforms.healthbc.org](http://www.eforms.healthbc.org).
2. Go to <https://www.eforms.healthbc.org/login>. The log in screen will display (see screenshot below).



3. Select a sign-in option below. If you:
  - provide services under a health authority, use **Health Authority Sign-In**;
  - provide services under the First Nations Health Authority, use **FNHA Sign-In**;
  - are a primary care provider, medical office assistant or an unlicensed practitioner, use **Immunization Entry Sign in Primary Care Provider** then select **BC Services Card**;

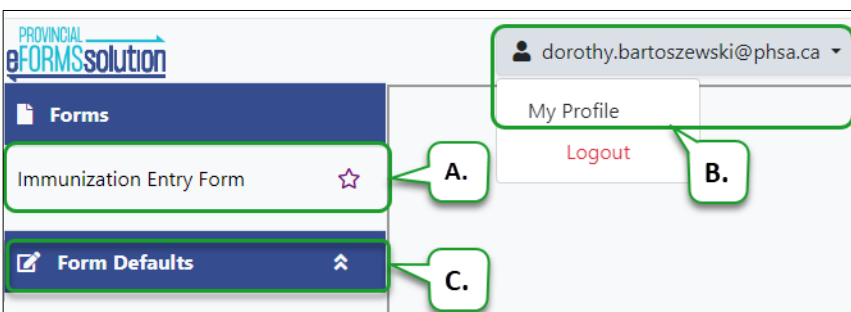
If none of these apply to you, use the **BC Services Card Sign-in**. If you have issues with logging in, email [eFormsEnrolment@phsa.ca](mailto:eFormsEnrolment@phsa.ca) for help.

The first time you launch the eForm you must accept the Privacy Confidentiality and Acceptable Use Acknowledgement terms.

4. After you log in, the Provincial eForm solution homepage will display.

## Provincial eForms solution homepage

**A.** The *Immunization Entry Form* link is in the left hand column. If you have multiple Forms, you can click the **Star** to move a form to the top. If you don't see the *Immunization Entry Form* link, email [eFormsEnrolment@phsa.ca](mailto:eFormsEnrolment@phsa.ca).



**B.** To see profile settings, click on your **name** or **email address** in the top right corner, then click **My Profile**.

**C.** To set defaults for your session, click **Form Defaults** (C.) See the table below for guidance for each field. Your defaults will clear when you log out or close your browser window.

FIELD	GUIDANCE
<i>Filter Service Delivery Location By</i>	Select the health authority or territory the clinic is in from the dropdown.
<i>Service Delivery Location</i>	Select the immunization clinic where the client was vaccinated from the dropdown. <b>IMPORTANT</b> Not sure what to select? Ask your supervisor. If your location isn't listed, ask your local eForm support team or <a href="mailto:eFormsEnrolment@phsa.ca">eFormsEnrolment@phsa.ca</a> to add it. <b>Do not enter data until you've confirmed the location and it's in the eForm.</b>
<i>Provider</i>	Click <b>Search Provider</b> . The <i>Provider Search</i> window will open. Select the provider. See <a href="#">Provider Search</a> for details.

## Enter client data

### Client Search

Use *Client Search* to populate the Form with client data from the BC Client Healthcare Registry (aka Enterprise Master Patient Index/EMPI/HCIM/JCR). The Registry has data for **98%** of BC residents. Using *Client Search* helps prevent client matching and data entry errors. Review the data with your client.

1. Click **Immunization Entry Form**. The *Client Search* window will open.
2. Enter the client's **PHN** or **First Name, Last Name** and **Date of Birth**. Click **Search**.

**IMPORTANT** When searching by name, start with the client's full legal name, then try a preferred name/alias or previous names. Do at least three searches before entering client data manually.

Client Search

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Search for the client in the **BC Healthcare Client Registry** to pre-populate client details on the form

eForms must not be used solely to search for clients in EMPI. All interactions are logged and may be audited

BC Personal Health Number

|

OR

|

Last Name

First Name

Birthdate

YYYY-MM

Search

Cancel

Skip

3. When you've found your client, click **Select**. The client's data will populate the Form.
4. If you can't find your client or your client has not received health care services in BC (e.g., new to BC or visiting), click **Skip**.
5. You'll be sent to *Provider Search*. After you've selected the *Provider*, you can manually enter the client's data.

## Client Demographics manual entry

Only enter data manually as a last resort, as it's more prone to error.

1. Complete or skip *Client Search* and *Provider Search*.
2. Enter data. See the table below for guidance. Fields with a red asterisk \* are mandatory.

FIELD	STANDARD
*Last Name	Enter the client's legal last name on their BC Services Card or other government-issued ID. If the client's legal name is different than the name in EMPI, enter the name as in EMPI and for <i>Comment</i> enter the legal name e.g., " <i>Client's legal name has changed to (insert name).</i> " Follow up with EMPI to ensure the legal name is added to EMPI (see <i>Resources</i> below).
*First Name	Enter the client's legal first name on their BC Services Card or other government-issued ID. If the client uses a different name, enter it in <i>Comments</i> at the end of the Form e.g., " <i>Client's preferred name is (insert name).</i> "
Middle Name	Enter the client's legal middle name as on their BC Services Card or other government-issued ID. Leave blank if not provided. Enter multiple middle names with a space between each.
PHN	Enter the client's PHN as on their BC Services Card. <b>IMPORTANT</b> Everyone who receives health care services in BC, including non-residents and visitors, <b>must have a PHN</b> . For clients without a PHN, follow local processes or ask EMPI (see <i>Resources</i> below) to create one before submitting a Form. Enter any other Canadian health number and/or demographic data in <i>Consent &amp; Immunization Data</i> screen the <i>Comment</i> field to prevent fractured medical records.
*Date of Birth	Enter the client's legal date of birth as on their BC Services Card / other government ID.
*Sex	Enter the client's legal sex as on their BC Services Card or other government-issued ID. For clients presenting with <i>Gender = X</i> , select <i>Unknown</i> . <b>NOTE</b> <i>Undifferentiated</i> gender refers to newborns with ambiguous genitalia and is rarely used.
Primary Phone Number	Enter the client's preferred phone number.
Email	Enter the client's preferred email address. Leave blank if not provided.

FIELD	STANDARD
<i>Email Use</i>	If provided, use the radio buttons to select <i>Home</i> , <i>Work</i> , or <i>Mobile</i> . If not provided, leave the default, <i>Home</i> .
<i>Country</i>	Leave the default value of <i>Canada</i> .
<i>Province / Territory</i>	Select where the client lives. Defaults to <i>British Columbia</i> . You can select another option from the dropdown.
<i>City/Town</i>	Enter the city/town where the client lives. If the client's address is unknown or they have no fixed address, enter the city/town where they spend most of their time or where the clinic is. Explain in the comment section at the end of the Form, e.g., " <i>Client has no fixed address. Clinic location entered for city/town.</i> "
<i>Address Use</i>	Use the radio buttons to indicate if the client's address is <i>Home</i> , <i>Work</i> , or <i>Temporary</i> . If the client's address is unknown or "no fixed address", leave as the default ( <i>Home</i> ).
<i>Street Address Line</i>	Enter the client's <i>street</i> address or enter "Unknown" or "No Fixed Address".
<i>Postal Code</i>	Enter the client's postal code. If it's unknown or "no fixed address" use the postal code of the clinic where the vaccine was administered and explain in the <i>Comment</i> field, e.g., " <i>Client has no fixed address. Clinic postal code entered instead.</i> " <b>NOTE</b> If you used <i>Client Search</i> , the <b>postal code</b> may be missing. If so, use <a href="#">Postal Code Look-Up</a> to find and enter it.
<i>Does client live on a First Nations Reserve?</i>	Select a radio button. If you select <i>Yes</i> , <i>Address on First Nation(s) Reserve / Indigenous Community Name</i> will enable.
<i>Address on First Nation(s) Reserve / Indigenous Community Name</i>	Begin typing the name of the First Nations reserve where the client lives. Select from the dropdown. This field becomes mandatory if you select <i>Yes</i> for <i>Does client live on a First Nations Reserve?</i>

## Provider information

### Provider search

To enter provider information, always start with *Provider Search*. *Provider Search* pulls data from a registry with current data from regulatory colleges and organizations, so using it will minimize errors.

1. Complete or skip *Client Search*. The *Provider Search* window will open.
2. If you've set a default provider, it will display in the search results. Click the provider and click **Select**. The data will populate the Form.
3. If you don't have a default provider, enter **Provider Name** or **ID Type** and **ID Number**. Click **Search**.
4. Select the **Provider** from the results. If you can't find them, click **Skip** to use manual entry.

Provider Search

Search for the provider in the BC Provider Location Registry to pre-populate provider details on the form

Provider Name

lastname, first

OR

ID Type

ID Number

Search

Provider Search Results

Terence William Mohamedali Anderson

College ID: RNID 06519228915 MSP:

Location:

2455 Broadway E Vancouver, BC V5M 1Y1 CA

Type: HOME POSTAL

ROLE: RN

Contact:

(email): tpndvfxcjh@test.com

(phone): 604-254-5559

Select

Back

Cancel

Skip

### Manual data entry

If you can't find the provider using *Provider Search*, enter the provider data. You **must** follow up with the professional college or regulatory organization to find out why *Provider Search* did not work and update it if needed. See [Error Management](#) below for guidance.

1. Complete or skip *Client Search* and *Provider Search*. The Form will launch.
2. Scroll down to the *Immunization Data* header. Enter the **Provider Last Name** and **Provider First Name**.

## Immunization documentation

### Client immunization data from Panorama

If you found your client using *Client Search*, read-only fields will display related client data. These fields support clinical decision making but should not replace clinical judgement as they may not display all data needed to make informed care decisions. Check comprehensive records when available, such as Panorama, CareConnect, or other regional health information systems. For how to enrol your clinic in CareConnect, see [Resources](#) below.

FIELD	DESCRIPTION
<i>Allergy History</i>	Read-only. Displays this Panorama <i>Allergy</i> data: <i>Category, Type, Sub Type, Severity, Reaction, Date Reported, Effective From Date, Effective To Date</i>
<i>Adverse Event Following Immunization (AEFI) History</i>	Read-only. Displays this Panorama <i>Adverse Event Summary</i> data: <i>Date Adverse Event Reported, Agent, Date Administered, Adverse Event Report Status, Recommendation Date, Public Health Recommendation, Public Health Comment.</i>
<i>Special Consideration</i>	Read-only. Displays this Panorama <i>Special Consideration</i> data: <i>Type, Applies To, Antigen or Agent or Disease, Reason, Effective From Date and Effective To Date</i>
<i>Active Risk Factors</i>	Read-only. Displays <i>Active Panorama Risk Factors</i> (where Response=Y) in alphabetical order: <i>Risk factor, Risk Factor Response (Y), Reported Date, Effective From and Effective To date.</i>
<i>Immunization History</i>	Read-only. Displays the client's Panorama immunization history in alphabetical order, with each type sorted from oldest to most recent. These fields display: <i>Immunizing Agent, Date Administered, Immunization Status</i> (valid or invalid), <i>Trade Name, Body Site, Route and Volume Administered.</i>
<i>Immunization Forecast</i>	Read-only. Displays the client's vaccine eligibility with these fields: <i>Immunizing Agent/Antigen, Forecasted Dose, Trade Name, Earliest Date the Client is Eligible for the Dose, Dose Due Date, Dose Overdue Date.</i>



## Enter immunization data

The table below explains how to complete the remaining fields. If you've set form defaults, some fields will already be populated.

**IMPORTANT** You CANNOT change any data after the form's submitted, so review it carefully. If you document administration of a product or dosage contraindicated for your client without providing a rationale in the *Comment* field, **your submission may be marked *Invalid*.**

FIELD	STANDARD
<i>*Service Delivery Location</i>	Select the immunization clinic where the client was vaccinated from the dropdown. <b>IMPORTANT</b> If you're not sure what to select, ask your supervisor. If your location isn't listed, ask your local eForm support team or email <a href="mailto:eFormsEnrolment@phsa.ca">eFormsEnrolment@phsa.ca</a> to add your clinic. <b>Do not enter data until you've confirmed the SDL and it's in the Form.</b>
<i>*Informed Consent for Obtained From</i>	Use the radio buttons to select who provided consent for the immunizations. The consent is for the dose you're documenting only, not future doses. <ul style="list-style-type: none"> <li>If you select <i>Client (Mature Minor Sensitive)</i>, enter <i>Preferred Phone Number</i>, <i>Preferred Method of Communication</i>, and <i>Comment</i> (if needed).</li> <li>If you select <i>Substitute Decision Maker / Parent / Guardian</i>, enter <i>First and Last Name of Person Giving Consent</i>, <i>Relationship to Client</i>, and <i>Form of Consent</i>.</li> </ul>
<i>*Reason for Immunization</i>	Select the reason for immunization from the dropdown.
<i>Staff Worksite / Client's Facility</i>	Only complete this if the client works or lives in assisted living, independent living, or a long-term care facility. Select the facility from the drop-down. <ul style="list-style-type: none"> <li>If it isn't in the list, leave the field blank and enter the facility in the <i>Comment</i> field e.g., "<i>Client's worksite/facility not in list. Client works at [facility name].</i>" Ask your local eForm support team or email <a href="mailto:eFormsEnrolment@phsa.ca">eFormsEnrolment@phsa.ca</a> to add it.</li> <li>If the client works at multiple facilities, select one and list the others in the <i>Comment</i> field, e.g., "<i>In addition to selected worksite/facility, client works at [facility name(s)].</i>".</li> </ul>
<i>*Lot Number</i>	Select the <i>Lot Number</i> from the drop-down. The <i>Lot Number Expiry Date</i> , <i>Trade Name</i> , <i>Agent</i> , and <i>Manufacturer</i> fields will populate. <b>IMPORTANT</b> If the <i>Lot Number</i> you select matches a product not indicated for your client, you <b>must</b> explain in the <i>Comment</i> field. See <i>Error management</i> below for details.
<i>Trade Name</i>	Read-only. Auto-populates when <i>Lot Number</i> is selected.

FIELD	STANDARD
<i>*Date Administered</i>	Defaults to the current date. You can use the date picker to select the date the vaccine was administered or enter it manually in YYYY-MM-DD format.
<i>Lot Number Expiry Date</i>	Read-only. Populates when <i>Lot Number</i> is selected.
<i>*Dosage</i>	Enter the dosage administered here. <b>IMPORTANT</b> If you administered a different dosage than recommended, or a divided dose, you <b>must</b> explain in the <i>Comment</i> field. See <i>Error management</i> below for details.
<i>Dosage UOM</i>	Read-only. Populates when <i>Lot Number</i> is selected.
<i>*Site</i>	Where the vaccine was administered on the client's body. Select from the dropdown.
<i>*Route</i>	Populates with the recommended administration route when <i>Lot Number</i> is selected. To modify, select from the dropdown.
<i>Agent</i>	Read-only. Populates when <i>Lot Number</i> is selected.
<i>Manufacturer</i>	Read-only. Populates when <i>Lot Number</i> is selected.
<i>Comment</i>	Enter any additional information here.

## Document another immunization

To document another immunization, click **Add Another** and complete it as described above.

## Submit the Form

1. Check the entered data. Click **Submit**.
2. A confirmation will display with a reference number: *"Submission is successful. If there is any concern or question about the information submitted, someone may contact you. Ref.No.: d12b0a15-5738-412c-869e-606538d8c044"*.
3. You can create a PDF of the Form you submitted for local record keeping. It will display all the immunizations documented at the same time.

## Error management

Immunization Entry Form users can remediate some errors. Others must be remediated by PPHIS.

**PPHIS remediators only see Immunization Entry Form records if they're FLAGGED** – so we use the flagging rules to get their attention.

### What gets flagged for PPHIS review?

Immunization records created in the Immunization Entry Form are imported into PIR/Panorama, BC's central repository for immunization records. Two issues are flagged during the import:



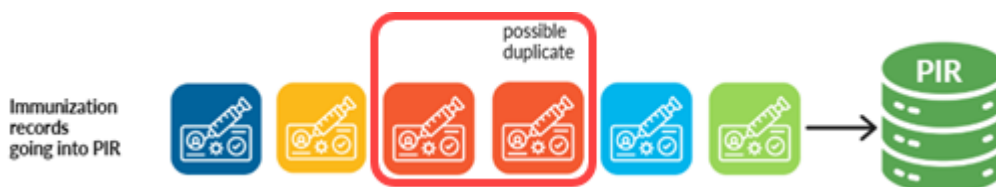
#### 1. UNCERTAIN CLIENT MATCH

PIR tries to match the client on the Immunization Entry Form record to a PIR *Client* record. If PIR finds a *Client* record that looks like a match, but the *First Name*, *Last Name*, *DOB*, *Sex*, or *PHN* are wrong, the records will be flagged for review.





#### 2. RECORDS WITH SAME CLIENT, AGENT, & DATE

Immunization Entry Form records for the same **agent** and **client** on same **date** will be flagged as likely duplicates.



The tables below describe common errors and how to correct and prevent them.

ERROR	FIX IT	PREVENT IT
Wrong First Name, Last Name, DOB, Sex, or PHN	<ul style="list-style-type: none"> <li>The system will  flag the Form for review by a remediator.</li> <li><b>If only 1 data field is wrong, but the PHN is correct</b>, the reconciler can match the record to a Panorama <i>Client</i> record. Do not do anything.</li> <li><b>If more than 1 data field is wrong</b>, the reconciler will <b>not</b> be able to match the client, even if the PHN is correct. The reconciler will reject the Form and ask you to resubmit it with the correct data.</li> </ul>	<ul style="list-style-type: none"> <li>Use <i>Client Search</i> to enter demographic data if possible. Do multiple searches before manually entering data.</li> <li>Review form before submitting. Ensure data entered matches client's government-issued ID.</li> </ul>
Wrong Provider data	Contact the provider's college (e.g., the College of Physicians) or the Registries Line of Business Help Desk (250-952-9137 / <a href="mailto:HLTH.PRSAdmin@gov.bc.ca">HLTH.PRSAdmin@gov.bc.ca</a> ). When the college updates the data, it'll display in the <i>Provider</i> field. If the college/Registries Line says their data is correct but it's not displaying correctly for you, email the VCH Transcription Team: <a href="mailto:transcriptionalerts2@vch.ca">transcriptionalerts2@vch.ca</a> .	

**TWO FORM METHOD:** If Form 1 has the error, submit Form 2 with **comments explaining the error**. The duplicate will be  flagged by PIR and reconcilers will correct the data in PIR.

ERROR	FIX IT	PREVENT IT
Wrong Service Delivery Location, Provider, Lot Number (if the correct agent is in the <b>same agent family only</b> ), missing comments, etc.	Submit the Form 2 with the <b>correct data</b> and explain the error in a <i>Comment</i> , e.g., " <i>Resubmitting Form as incorrect Lot # selected previously. Please update previous submission. Correct Lot #: [add Lot #]</i> ".*	Carefully review form before submitting.
<p>*The system only flags duplicates in the same <i>Agent</i> family, so this remediation method only works if the correct <i>Lot Number</i> is for an agent in the same family. Examples:</p> <ul style="list-style-type: none"> <li>✓ FLULAVAL TETRA and FluZone are influenza-inactivated agents. Use the two Form method to change FLULAVAL TETRA to FluZone or vice versa.</li> <li>✓ Pfizer and Moderna are both mRNA agents. Use the two Form method to change Pfizer to Moderna or vice versa.</li> <li>✗ Flumist-Tri is an influenza-LAIV agent. To change from FLULAVAL TETRA or FluZone to Flumist-Tri or vice versa, use the three Form method below.</li> <li>✗ NUVAXOVID is in the recombinant spike protein Agent family. To change Pfizer or Moderna to NUVAXOVID or vice versa, use the three Form method below.</li> </ul>		
Wrong Dosage	Resubmit the Form with the <b>correct dosage</b> and explain the error in a <i>Comment</i> , e.g., " <i>Resubmitting Form as wrong dosage selected before. Please update previous Form. Correct Dosage: [add Dosage]</i> ."	Carefully review form before submitting.
Wrong immunization Date	Resubmit the Form with the <b>wrong date</b> and enter the correct date in a <i>Comment</i> , e.g., " <i>Resubmitting Form as wrong date selected before. Please update previous Form. Correct administration date: (XXXX)</i> "	Carefully review form before submitting.

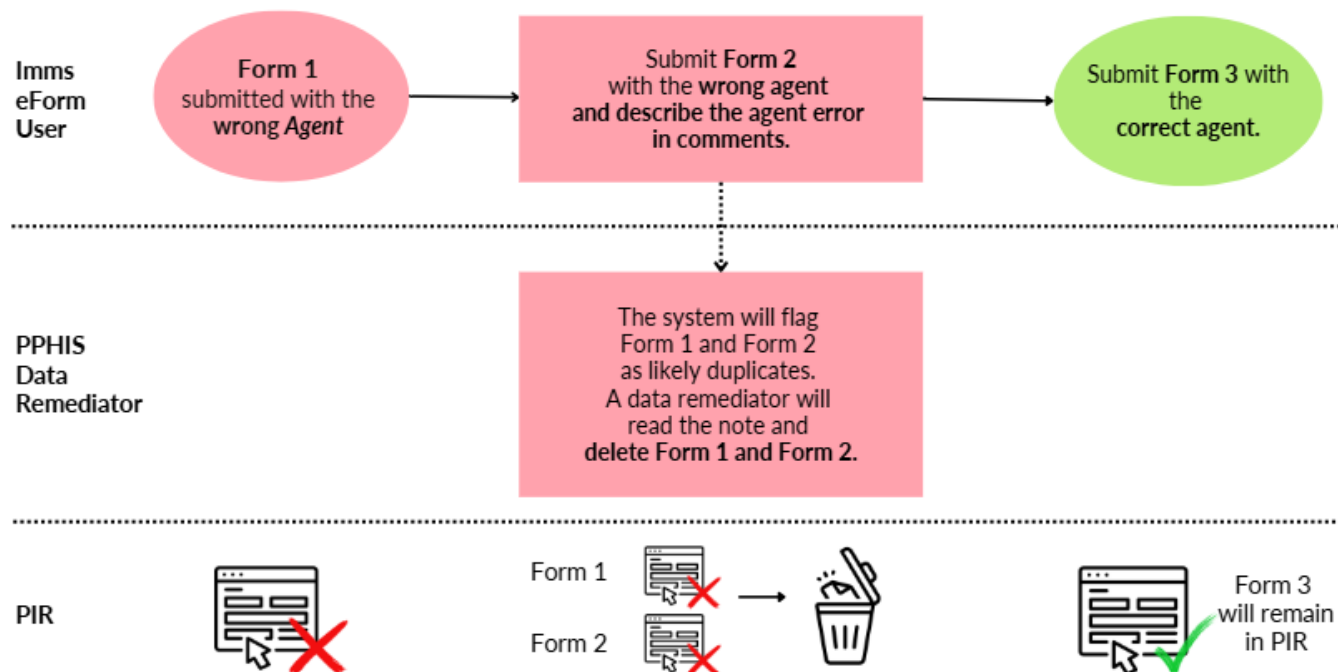
**THREE FORM METHOD:** If Form 1 has the error, submit Form 2 with the same data but with comments explaining the error. The duplicate will be flagged for reconcilers. Submit Form 3 with the correct data, which will be the permanent record. The reconciler will delete the Form 1 and Form 2.

ERROR	FIX THE ERROR	PREVENT IT
Wrong <i>Agent</i> selected – <b>correct agent is in different agent family</b>	If Form 1 has the wrong <i>Agent</i> and the correct trade name/lot number is in a different agent family* enter Form 2 with the wrong data ( <i>Agent</i> ) and explain in <i>Comments</i> , e.g., “Form submitted for wrong agent. Pneumo-C-7 is wrong for this date. Please delete Pneumo-C-7 from this client’s record.” Enter Form 3 with the correct agent data. See workflow below.	Carefully review form before submitting.

\*Examples:

- ✓ FLULAVAL TETRA and FluZone are influenza-inactivated agents. Flumist-Tri an influenza-LAIV agent. Use the three Form method to change from FLULAVAL TETRA or FluZone to Flumist-Tri or vice versa.
- ✓ Pfizer and Moderna are mRNA agents. NUVAXOVID a recombinant spike protein agent. Use the three Form method to change from Pfizer or Moderna to NUVAXOVID or vice versa.

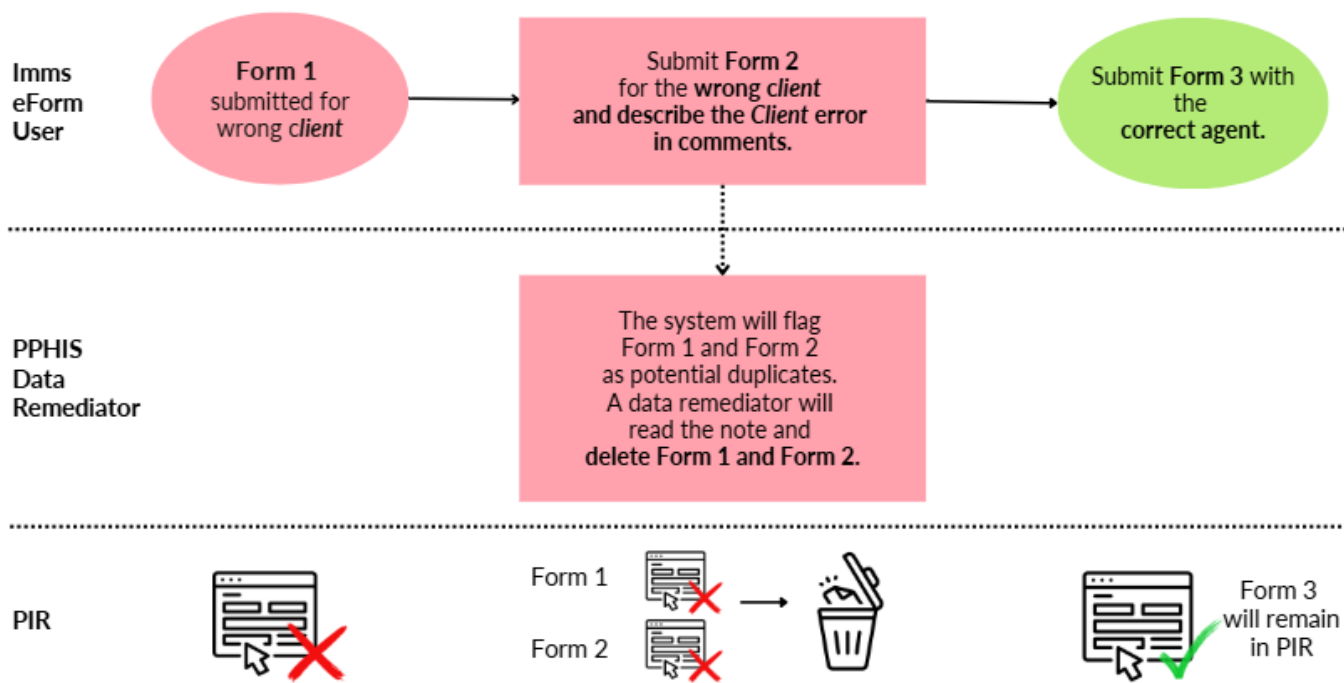
## WORKFLOW: immunization submitted for **wrong agent** – correct agent in **different agent family**



**THREE FORM METHOD:** If Form 1 has the error, submit Form 2 with the same data but with comments explaining the error. The duplicate will be flagged for reconcilers. Submit Form 3 with the correct data, which will be the permanent record. The reconciler will delete the Form 1 and Form 2.

ERROR	FIX THE ERROR	PREVENT IT
Wrong <i>Client</i> record selected	If you selected the wrong <i>Client</i> record on Form 1, submit Form 2 with the same data as Form 1 but explain in <i>Comments</i> , e.g., "Form submitted on [date] is a data entry error, wrong client. Please delete Pneumo-C-7 from this client's record." Enter Form 3 with the correct data for the correct client. See workflow below.	Ask client for their legal name and DOB.

## WORKFLOW: immunization submitted for **wrong client**



## Resources

SUPPORT TEAM	HELPS WITH	CONTACT	HOURS
Enrolment	access, log-in	<a href="mailto:eFormsEnrolment@phsa.ca">eFormsEnrolment@phsa.ca</a>	Mon-Fri, 8 AM–4 PM
General Support	all other issues	<a href="mailto:eformsSolution@phsa.ca">eformsSolution@phsa.ca</a>	Mon-Fri, 8 AM–4 PM
Off Business Hour Support	all issues	604-877-2159 x 222159	Mon-Fri, 5-7 PM weekends/stat holidays 8 AM-7 PM

**Video** [Immunization Form Training](#) for the single entry original version of the form.

**Downtime forms** [PPHIS Reference Materials for Front Line Users - Immunization Downtime Forms](#)

**Request PHN/update EMPI** Ministry of Health – BC HealthCare Client Identity Management

Mon-Fri, 8:30 AM–4:30 PM

1-250-952-9137 preferred or [HLTH.RE6ISTRIESADMIN@gov.bc.ca](mailto:HLTH.RE6ISTRIESADMIN@gov.bc.ca) Subject: URGENT PHN Request

Outside those hours: Service BC Vaccine Contact Centre 7 days/week, 7 AM-7 PM, 604-630-4063

**BC Centre for Disease Control** [BCCDC Immunization Manual](#) [Immunization Competency Course](#)

**CareConnect enrolment** [Request Access for Community-Based Users](#)

**Other** [BC Branch Locator Tool](#) [Postal Code Look-Up](#)

## Revision history

#	DATE	AUTHOR(S)	CHANGES/COMMENTS
1.2	2025MAY15	D. Bartoszewski	Added Pneumo-C-21 to the list of vaccines/agents the Form can be used to document, as per <a href="#">PPHIS-28653</a> .
1.3	2025JUN03	D. Bartoszewski	Added HAHB to the list of vaccines/agents the Form can be used to document, as per <a href="#">PPHIS-28785</a> .
2.0	2025AUG14	D. Bartoszewski L. Lentic	Aligned with multiple immunization entry changes, deployed Aug 14, 2025, as per <a href="#">PPHIS-29727</a> . Changed error management section design (information unchanged.) Changed name from Expanded Immunization eForm Guide to Immunization Form Guide. Incremented version to 2.0.
2.1	2025AUG15	D. Bartoszewski L. Lentic	Updated to align with changes to support RSVAb-Nirsevimab entry as per <a href="#">PPHIS-29595</a>