

Immunization Entry eForm Guide

Contents

Introduction	1
Access.....	1
Get atarted.....	2
Log In.....	2
Provincial eForms solution homepage	3
Enter client data	4
Client search	4
Manual data entry	5
Provider information	7
Provider search	7
Manual data entry	7
Immunization documentatioon.....	8
Client immunization data from Panorama	8
Enter immunization data	9
Submit the eForm	10
Error management.....	11
What gets flagged for remediation?	11
Three eForm error management workflows	14
Resources.....	15
Revision history.....	16

Introduction

The Immunization Entry eForm streamlines data entry into Panorama (also called the Provincial Immunization Registry or PIR.) The form can currently be used to document the administration of vaccines for COVID-19, HiB, HPV-9, influenza, MMR, MMRV, MPox/smallpox, Pneumo-C-13, and Pneumo-P-23.

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

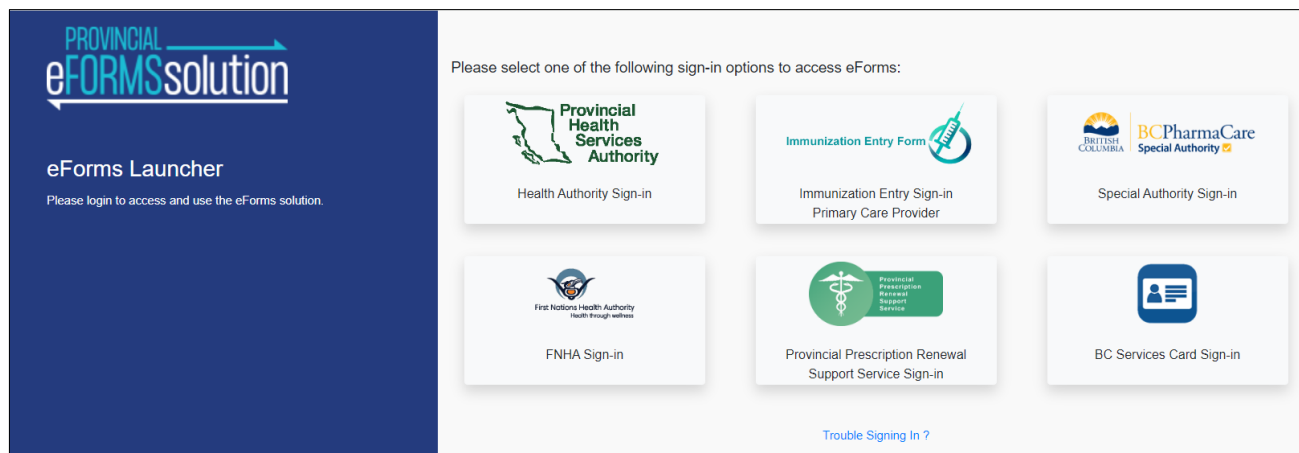
Access

To access the Immunization eForm, email eFormsEnrolment@phsa.ca and 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.
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, use **Immunization Entry Sign in Primary Care Provider** and select **BC Services Card/PidP - Licensed Practitioners (GP/NP)**;
 - are a medical office assistant or an unlicensed practitioner, use **Immunization Entry Sign-In Primary Care Provider** and select **BC Services Card – Unlicensed Practitioners (MOA)**.

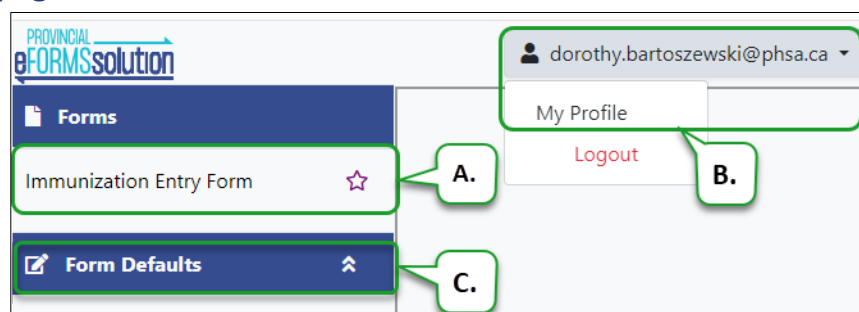
If none of these apply to you, use the **BC Services Card Sign-in**. If you have issues with logging in, email eFormsEnrolment@phsa.ca for help.

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 eForms Solution homepage will display.

Provincial eForms solution homepage

A. The *Immunization Entry Form* link is in the left hand column. If you have multiple eForms, 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.



B. To see your 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 default 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>	Use the drop-down list to select the health authority or territory the clinic is in.
<i>Service Delivery Location</i>	Select the immunization clinic where the client was vaccinated from the drop-down list. IMPORTANT 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 eFormsEnrolment@phsa.ca to add your clinic. Do not enter data until you've confirmed the correct location and it's available in the eForm.
<i>Informed Consent for Series Obtained From</i>	Select the person who provided consent from the drop-down list. If this is likely to change during the session, leave it blank.
<i>Reason for Immunization</i>	Select the reason for immunization from the drop-down list. If you'll be using different reasons for immunization in the session, leave it blank.
<i>Trade Name</i>	Select the vaccine trade name from the drop-down. The matching lot numbers will populate the <i>Lot #</i> drop-down. Leave this blank if you're using multiple trade names.
<i>Lot #</i>	Select the vaccine lot number you're using from the drop-down. If you'll be using multiple lots, leave it blank. If you select <i>Lot #</i> before <i>Trade Name</i> , <i>Trade Name</i> will populate.
<i>Immunization Date</i>	Defaults to today. For a future clinic, delete the default and leave this field blank. For back data entry, select the immunization date.
<i>Provider</i>	Click Search Provider . The <i>Provider Search</i> window will open. Select the provider. See Using Provider Search for details.

Enter client data

Client search

Use *Client Search* to populate the eForm with client data from the BC Client Healthcare Registry (also called the Enterprise Master Patient Index or EMPI, HCIM and JCR). 98% of BC residents are in the EMPI. 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

×

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

Search

Cancel

Skip

3. When you've found your client, click **Select**. The client's data will populate the eForm.
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.

Manual data entry

Only use manual entry as a last resort, as it's more prone to error.

1. Complete or skip *Client Search* and *Provider Search*.
2. Enter client demographic data. See the table below for guidance. You must complete the fields with a red asterisk * to submit the eForm.

FIELD	GUIDANCE
* <i>Last Name</i>	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 enter the legal name in the comment. Follow up with EMPI to ensure the legal name is added to EMPI (see Resources below). Comment example: <i>Client's legal name has changed to (insert name)</i> .
* <i>First Name</i>	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 the comments section at the end of the eForm. Comment example: <i>Client's preferred name is (insert name)</i> .
<i>Middle Name</i>	Enter the client's legal middle name as on their BC Services Card or other government-issued ID. Leave blank if not provided. For multiple middle names, enter them with a space between each.
<i>PHN</i>	Enter the client's PHN as on their BC Services Card. IMPORTANT Everyone who receives health care services in BC, including non-residents and visitors, must have a PHN . Records without a PHN are flagged for manual review. If the client doesn't have a PHN (e.g., new to BC, migrant worker or international visitor) follow local processes or ask EMPI (see Resources below) to help them get one before submitting an eForm.
* <i>Date of Birth</i>	Enter the client's legal date of birth as on their BC Services Card or other government ID.
* <i>Sex</i>	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> . NOTE <i>Undifferentiated</i> gender refers to newborns with ambiguous genitalia (i.e., unable to determine male or female.) Hospitals usually determine the sex of undifferentiated newborns, so <i>Undifferentiated</i> is rarely used.
<i>Primary Phone Number</i>	Enter the client's preferred phone number.

FIELD	GUIDANCE
<i>Email</i>	Enter the client's preferred email address. Leave blank if not provided.
<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 drop-down list.
<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 the client spends most of their time or where the clinic is located. Explain in the comment section at the end of the eForm, e.g., "Client has no fixed address. Clinic location entered for city/town."
<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>	<p>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., "Client has no fixed address. Clinic postal code entered instead."</p> <p>NOTE If you use <i>Client Search</i>, check the populated data. Sometimes the postal code is missing Use the Postal Code Look-Up find it, then enter it.</p>
<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 drop-down list. 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 eForm.
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 provider data in the free-text fields. You **must** follow up with the professional college or regulatory organization to find out why *Provider Search* didn't work and update it if needed. See [Error Management](#) below for guidance.

1. Complete or skip *Client Search* and *Provider Search*. The eForm 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*, four fields will display Panorama immunization 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>Immunization History</i>	Read-only. Displays the client's Panorama immunization history for eForm immunizing agents. Provides immunizing agent, date administered, immunization status (valid or invalid), trade name, and volume administered. Displays entries in alphabetical order, then within each type, oldest to most recent. You can click in the display box and click Ctrl + F to find a specific immunizing agent.
<i>Adverse Event Following Immunization (AEFI) History</i>	Read-only. Displays the client's Panorama <i>Adverse Event Summary</i> with this data: date adverse event was reported, agent and date administered, status of the adverse event report, recommendation date, public health's recommendation, and public health's comment.
<i>COVID-19 Immunization Forecast</i>	Read-only. Displays the client's COVID-19 vaccine eligibility with this: immunizing agent/antigen, forecasted dose, the trade name, earliest date the client is eligible for the dose, dose due date, and dose overdue date.
<i>COVID-19 Related Risk Factors</i>	Read-only. Displays any active COVID-19 related <i>Risk Factors</i> in Panorama in alphabetical order. Each record displays the risk factor, the risk factor response, the reported date, and the effective from and to dates. NOTE If the client has the <i>Special Population – COVID-19 3 Dose Primary Series (*) Risk Factor</i> , it will display at the top of the list.

Enter immunization data

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

IMPORTANT You can NOT change any data after the form's submitted, so check it carefully. Check the BCCDC Immunization Manual (see [Resources](#)) to ensure you're using the best vaccine and dosage for your client. If you document administration of a vaccine product or dosage contraindicated for your client without providing a rationale in the *Comment* field, **your submission may be marked Invalid**.

FIELD	GUIDANCE: IMMUNIZATION EVENT
<i>*Service Delivery Location</i>	Select the immunization clinic where the client was vaccinated from the drop-down list. IMPORTANT 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 eFormsEnrolment@phsa.ca to add your clinic. Do not enter data until you've confirmed the correct location and it's available in the eForm.
<i>Informed Consent for Series Obtained From</i>	Use the radio buttons to select who provided consent for the vaccine series. If you select <i>Client (Mature Minor Sensitive)</i> , enter Preferred Phone Number , Preferred Method of Communication , and Comment (if needed). If you select Substitute Decision Maker / Parent/Guardian , enter First and Last Name of Person Giving Consent , Relationship to Client , and Form of Consent .
<i>*Reason for Immunization</i>	Select the reason for immunization from the drop-down list.
<i>Staff Worksite / Client's Facility</i>	Complete only if the client works or lives in assisted living, independent living, or a long-term care facility. Select the facility from the drop-down list. If it's not in the list, leave the field blank and enter the facility in the <i>Comment</i> field. If the client works at multiple facilities, select one and list the others in the <i>Comment</i> field, e.g., " <i>Client's worksite/facility not found in list. Client works at (facility name).</i> " Or " <i>In addition to selected worksite/facility, client works at [facility name(s)].</i> " IMPORTANT If you can't find the worksite/facility, ask your local eForm support team or email eFormsEnrolment@phsa.ca to add it.
<i>*Lot Number</i>	Select from the drop-down list. <i>Lot Number Expiry Date</i> , <i>Trade Name</i> , <i>Agent</i> , and <i>Manufacturer</i> fields will populate. IMPORTANT If the lot number you selected matches a product not indicated for your client, you must explain in the <i>Comment</i> field. See the Error management below for details.

FIELD	GUIDANCE: IMMUNIZATION EVENT
<i>Trade Name</i>	Read-only. Auto-populates when Lot Number is selected.
*Date Administered	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.
*Dosage	Select the dosage administered to the client from the drop-down list. IMPORTANT If you administered a higher or lower dosage than recommended, you must explain in the <i>Comment</i> field. See Error management for details.
<i>Dosage UOM</i>	Read-only. Populates when <i>Lot Number</i> is selected.
*Site	Place on client's body where the vaccine was administered. Select from the drop-down list.
*Route	Populates with the recommended administration route when <i>Lot Number</i> is selected. To modify, select from the drop-down list.
<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.

Submit the eForm

1. Review the entered data for accuracy. Click **Submit**.
2. A confirmation will display with a reference number for tracking: *"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 eForm for local record keeping.

Error management

What gets flagged for remediation?

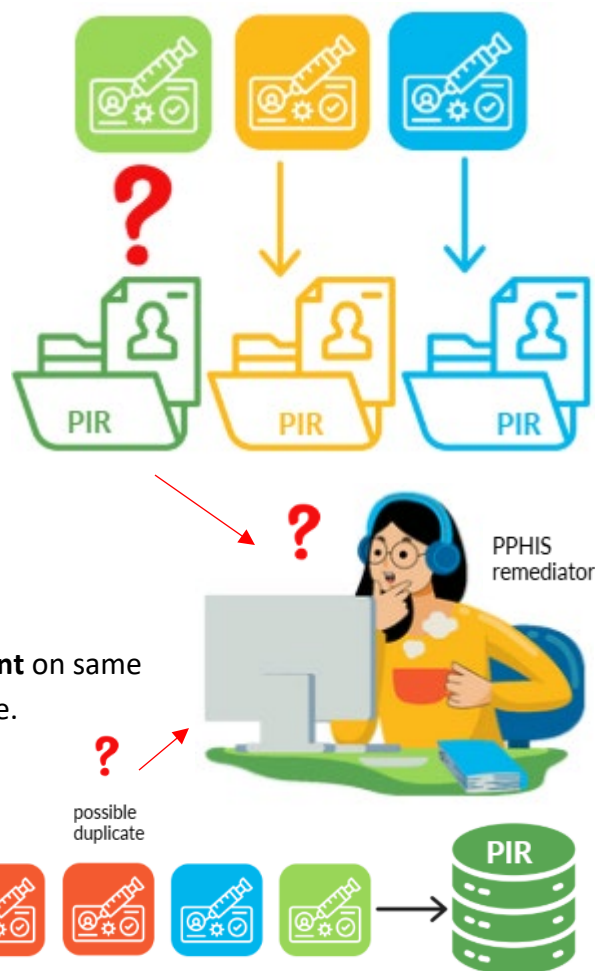
The Immunization eForm error management process makes more sense if you know what happens to the eForm records after you submit them.

Immunization records created in the Immunization eForm application are exported to PIR (Panorama), BC's central repository for immunization records.

PPHIS remediators only see Immunization eForm records when they are flagged for review.

This can happen when PIR tries to match the Immunization eForm submission 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, it will be flagged for a person to review.



Immunization eForm submissions for the same **agent**, **client** on same **immunization date** will also be flagged as a likely duplicate.

Flagging potential duplicates is how we get the PPHIS remediators attention in the “two eForm” and “three eForm” remediation methods described below.

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

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

SUBMIT TWO EFORMS METHODS: If eForm 1 has the error, submit eForm 2 with **comments explaining the error**. The duplicate will be flagged by PIR and reconcilers will correct the data in PIR.

ERROR	FIX THE ERROR	PREVENT IT
Wrong <i>Service Delivery Location, Provider, Lot Number</i> (if the correct agent is in the same agent family only), missing comments, etc.	Submit the eForm2 with the correct data and explain the error in a <i>Comment</i> , e.g., "Resubmitting eForm as incorrect Lot # selected previously. Please update previous submission. Correct Lot #: [add Lot #]". *	Carefully review forms 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"> ✓ FLULAVAL TETRA and FluZone are influenza-inactivated agents. Use the two eForm method to change FLULAVAL TETRA to FluZone or vice versa. ✓ Pfizer and Moderna are both mRNA agents. Use the two eForm method to change Pfizer to Moderna or vice versa. ✗ Flumist-Tri is an influenza-LAIV agent. To change from FLULAVAL TETRA or FluZone to Flumist-Tri or vice versa, use the three eForm method below. ✗ NUVAXOVID is in the recombinant spike protein Agent family. To change Pfizer or Moderna to NUVAXOVID or vice versa, use the three eForm method below. 		
Wrong <i>Dosage</i>	Resubmit the eForm with the correct dosage and explain the error in a <i>Comment</i> , e.g., "Resubmitting eForm as wrong dosage selected before. Please update previous eForm. Correct Dosage: [add Dosage]."	Carefully review forms before submitting.

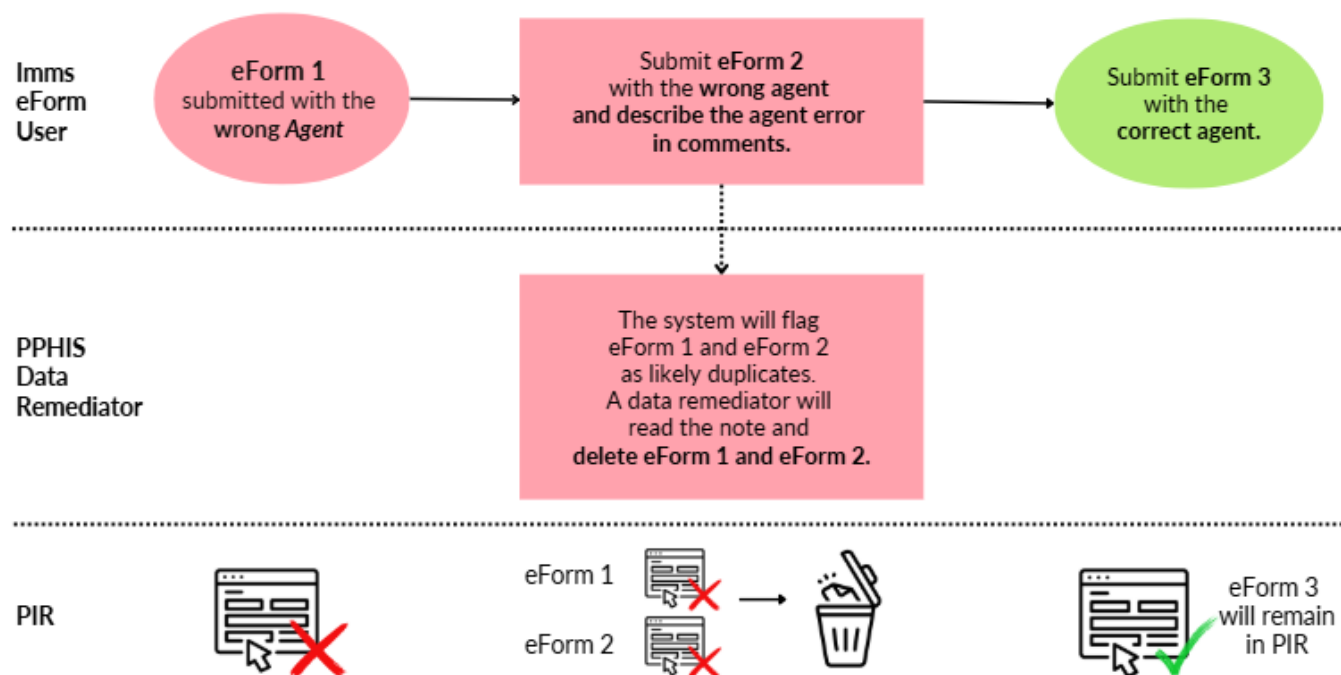
Wrong immunization <i>Date</i>	Resubmit the eForm with the wrong date and enter the correct date in a <i>Comment</i> , e.g. “Resubmitting eForm as wrong date selected before. Please update previous eForm. Correct administration date: (XXXX)”	Carefully review forms before submitting.
--------------------------------	---	---

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

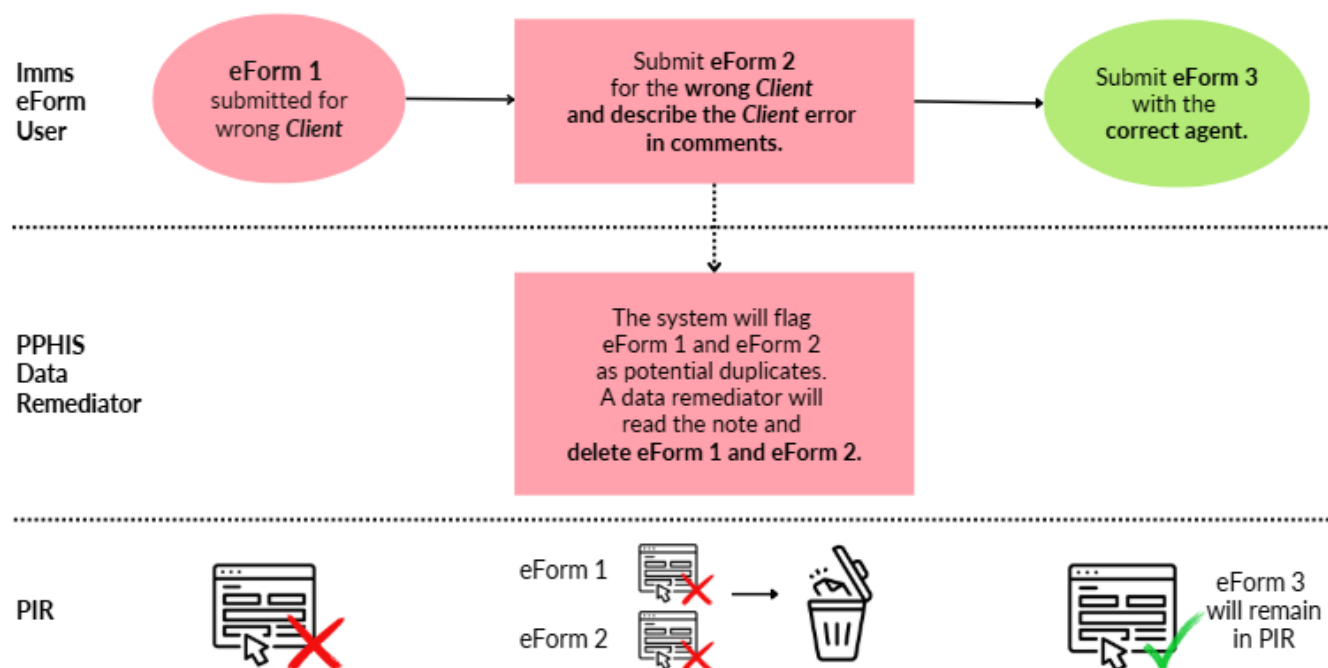
ERROR	FIX THE ERROR	PREVENT IT
Wrong <i>Agent</i> selected – correct agent is in different agent family	If eForm 1 has the wrong <i>Agent</i> and the correct trade name/lot number is in a different agent family* enter eForm 2 with the wrong data (<i>Agent</i>) and explain in <i>Comments</i> , e.g., “eForm submitted for wrong agent. Pneumo-C-7 is wrong for this date. Please delete Pneumo-C-7 from this client’s record.” Enter eForm 3 with the correct agent data. See workflow below.	Carefully review forms before submitting.
<p>* Examples:</p> <ul style="list-style-type: none"> ✓ FLULAVAL TETRA and FluZone are influenza-inactivated agents. Flumist-Tri an influenza-LAIV agent, Use the three eForms 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 eForms method to change from Pfizer or Moderna to NUVAXOVID or vice versa. 		
Wrong <i>Client</i> record selected	If you selected the wrong <i>Client</i> record on eForm 1, submit eForm 2 with the same data as eForm 1 but explain in <i>Comments</i> , e.g., “eForm submitted on [date] is a data entry error, wrong client. Please delete Pneumo-C-7 from this client’s record.” Enter eForm 3 with the correct data for the correct client. See workflow below.	Ask client for their legal name and DOB.

Three eForm error management workflows

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



WORKFLOW: immunization submitted for **wrong Client**



Resources

eForm support

TEAM	HELPS WITH	HOW TO CONTACT	HOURS
Enrolment	access, log-in	eFormsEnrolment@phsa.ca	Mon-Fri, 8 AM–4 PM
General Support	all other issues	eformsSolution@phsa.ca	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

eForm training videos

[eForms For Primary Care Providers - Overview](#)

[eForms For Primary Care Providers - Client Search](#)

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

Requesting PHN/update EMPI

Ministry of Health - British Columbia HealthCare Client Identity Management (EMPI/HCIM/JCR):

Mon-Fri, 8:30 AM–4:30 PM

1-250-952-9137 preferred or 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](#)

Useful links [BC Branch Locator Tool](#)

[Postal Code Look-Up](#)

Revision history

Version	Author	Date	Changes/Comments
5.3	G. Khudra	05-Jul-2022	Updates throughout to generalize the eForm for entry of multiple products. Appendix 7: Non-COVID-19 Imms Entry updated to generalize immunization product from just influenza.
5.4	R. English N. Mukhi	9-Sept-2022	Updates to Appendix 5 and Appendix 7
5.5	D. Bartoszewski N. Mukhi	15-Dec-2022	Updated Appendix 5 to say the most recent versions of all downtime forms are on Confluence and the PPHIS Reference Materials for Front Line Users site.
5.6	D. Bartoszewski N. Mukhi	12-01-2023	Updated Monkeypox to Mpox.
5.7	D. Bartoszewski M. Moses	13-7-2023	Removed Appendix 8: COVID-19 Related Risk Factors (RF) as it was outdated.
5.8	D. Bartoszewski D. Boateng	06-03-2024	Removed mentions of Z_C19 to align with Panorama updates per PPHIS-18591.
5.9	D. Bartoszewski, D. Boateng, L. Lentic	06-Jun-2024	Major revision of content, language, and format.
6.0	D. Bartoszewski, K. Monteyne, L. Lentic	2025MAR04	Updated error management. Removed autofill instructions. Integrated FAQs into text.