## MINISTRY OF HEALTH & MEDICAL SERVICES

# Vaccination Registry System

# USER GUIDE

Version 1.0

digitalFIJI

# Vaccination Registry System

This online registration system, serve as a mechanism for applicants to register for COVID-19 Vaccination program. This registration form assists the Ministry of Health and Medical Services (MHMS) to plan and coordinate the COVID-19 vaccination roll out.
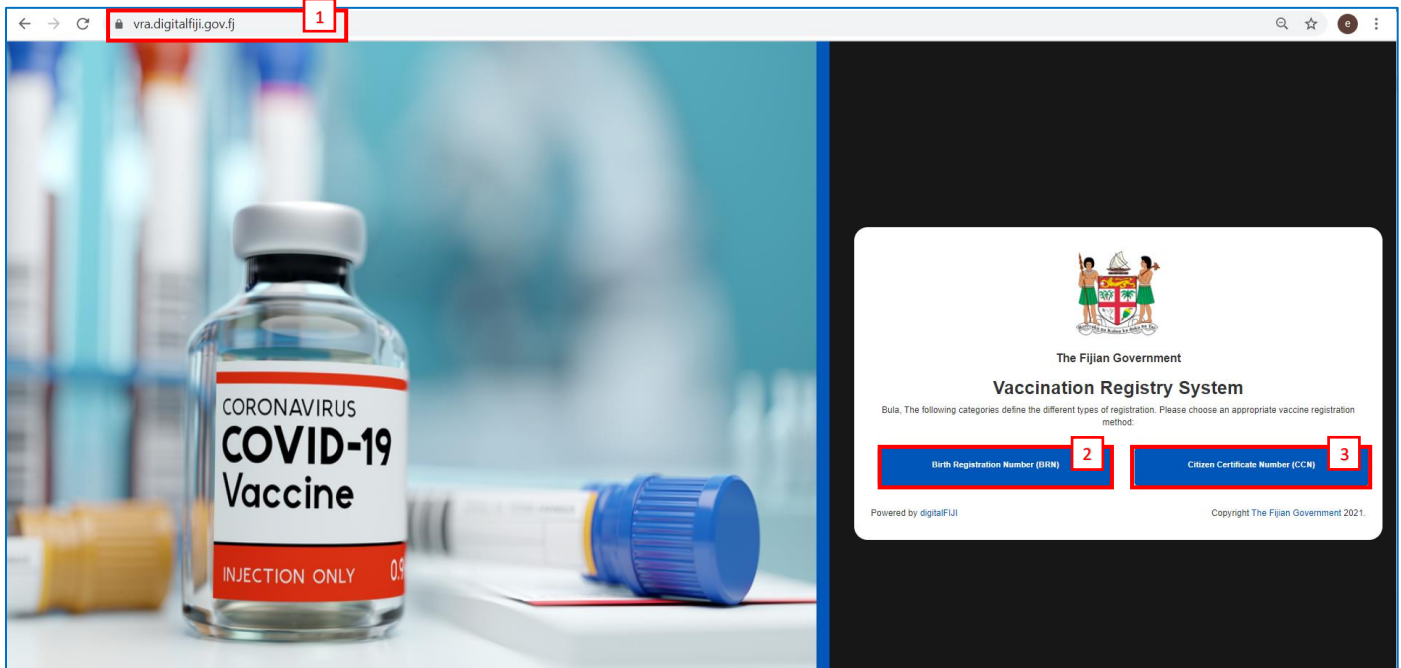


*Figure 1.0: Vaccination Registry System login page.*

## Explanation:

### Website URL:
1. Go to https://vra.digitalfiji.gov.fj/.

### Registration method:
2. "**Register By Birth Registration Number (BRN)**" – Click here if you are born in Fiji and have your Birth certificate.
3. "**Register By Citizen Certificate Number (CCN)**" – Click here if you are not born in Fiji however are Fijian citizen.

> **TIP**
> Contact BDM Office if you do not remember your BRN.
> Contact Immigration if you do not remember your CCN.
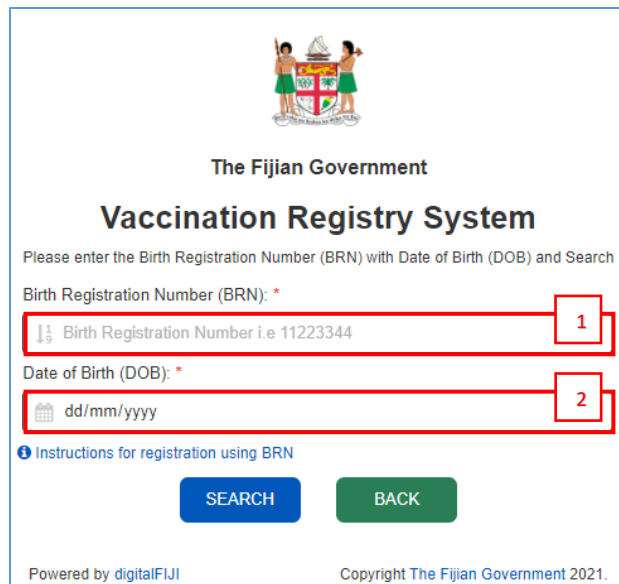
## Register by BRN



*Figure 1.2: BRN login page.*

***Explanation:***

1. Please enter your **Birth Registration Number (BRN)** with your **Date of Birth** as stated in your Birth Certificate.

   - "**BRN number**".  E.g. 1000111.
   - "**Date of Birth (DOB)**". E.g. Format is Day/Month/Year.

2. Click on the "**Search**" button to search for your record.

   *This section cannot be edited. You may need to contact BDM if any details are populated incorrectly.*

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**TIP**
Click on <u>Instructions for registration using BRN</u> link for step by step guidance.

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**Record Search**



**Record Found**

**Search Success!** Information has been found for:
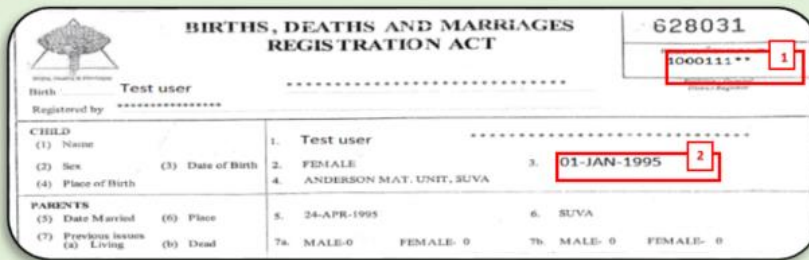TESTER ONE.  Redirecting to Registration...

The **SEARCH** button will display a pop-up message with your name.



**No Record Found**

**Search Failed!** Record Not Found!

Please check the **BRN & DOB** you have entered.

Tip

1. This is where you will find your Birth Registration Number (BRN).
2. This is where you will find your Date of Birth (DOB).

# Registration Form

Vaccine registration form will be displayed to capture necessary health details for the purpose of administering the COVID-19 vaccination.

## BIRTH REGISTRATION DETAILS

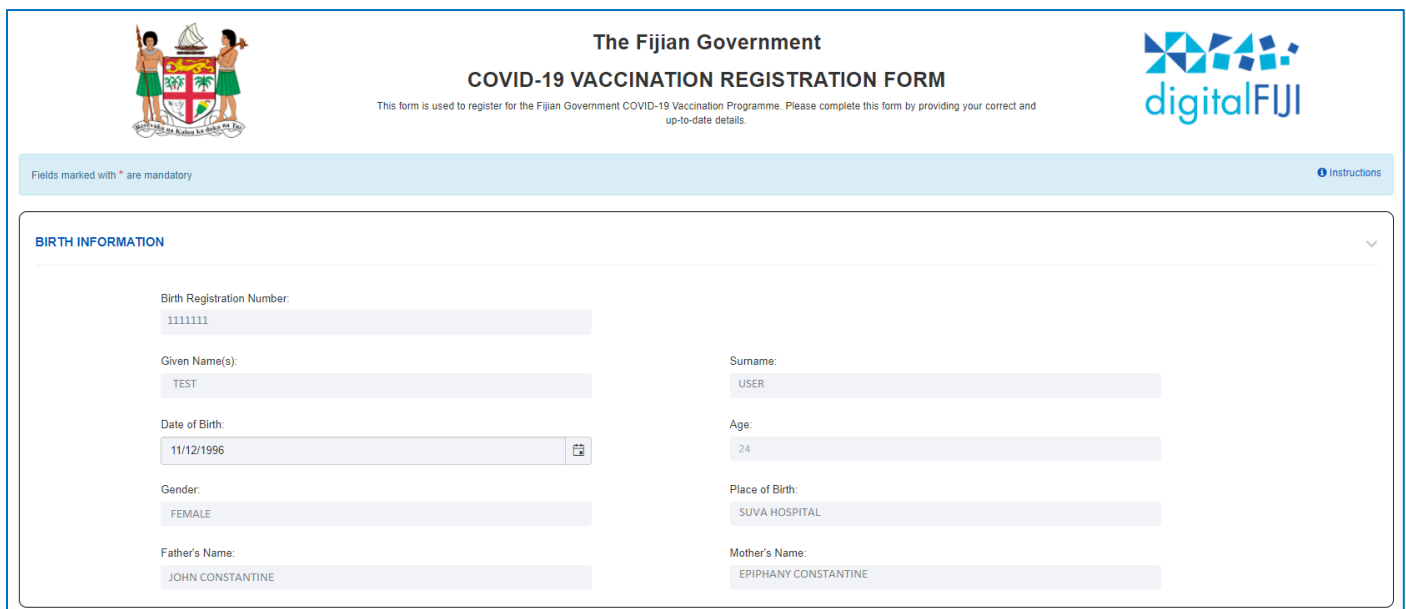This section will populate all information as stated on your birth certificate.
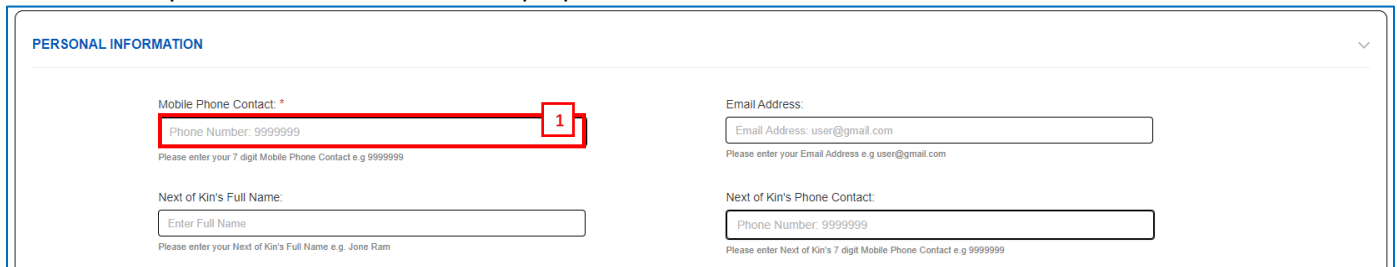


*Figure 2.0: BRN registration form.*

***Explanation:***

1. "**Birth Registration Details**"- This section populates the following personal details from your birth certificate:
   - Birth Registration Number (BRN)
   - Given Name
   - Surname
   - Date of Birth
   - Age
   - Gender

   *This section cannot be edited. The applicant may need to contact BDM if any details are populated incorrectly.*

## PERSONAL INFORMATION

This section captures contact details for the purpose of future communication.



*Figure 3.0: Personal details.*

### *Explanation:*

1. Please enter your "**Contact Number**".
   E.g. 1234567
   (!) *Contact number is used to communicate e.g. SMS reminders.*

2. Please enter your "Email Address".
   E.g. abc@gmail.com

3. Please enter your "Next of kin Full Name".
   E.g. Family or Partner or any close relatives or friends name.

4. Please enter your "Next of kin Phone contact".
   E.g. 1234567
   (!) *'Next of Kin information' is used to contact you, if your contact number is not available in case of emergency.*

*Select Marital Status*



Figure 3.1: Marital status

5.  Please select your current "**Marital Status**".
    A dropdown list of status will be available to select from:
    - Single
    - Married
    - Divorced
    - Separated
    - Defacto
    - Widowed

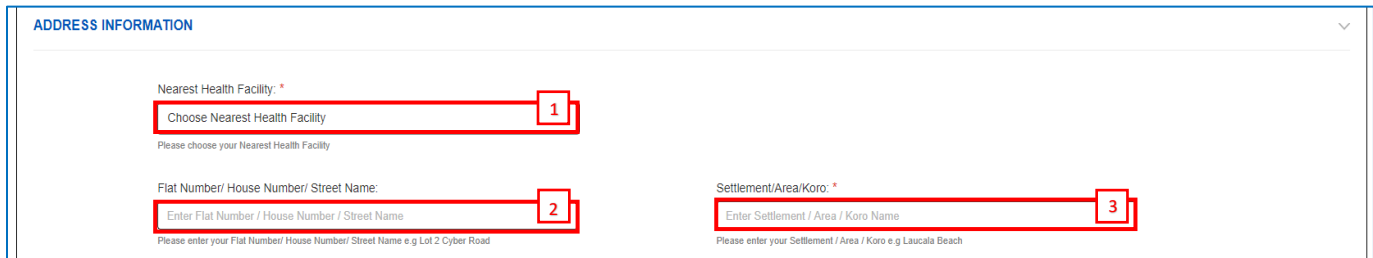    ⚠ *Only one option can be selected from the list provided.*

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**ADDITIONAL INFORMATION**

**The following are optional for you to provide. Form can be submitted without entering these information:**
- **Email Address**
- **Next of kin Full Name**
- **Next of kin Phone contact**

## ADDRESS INFORMATION

This section captures applicants address details.



*Figure 4.0: Personal details.*

## Explanation:

1. Select your '**Nearest Health Facility'** from the drop list.
   ⚠️ *Only one option can be selected from the list provided.*

2. Enter either your '**Flat number**', '**House number**', and '**Street name**'.
   E.g. Lot 5, Wanivula Rd.
   ⚠️ *This is an optional field.*

3. Enter either your '**Settlement'** or '**Area'** or '**Koro'**.
   E.g. Suva.
   ⚠️ *This is a required field.*



*Figure 4.1: Auto-populated address fields*

4. These details are populated based on applicant's "**Nearest Health Facility**".

   ⚠️ *The following address details will be populated based on your selection for 'Nearest Health Facility'.*
   - *Division*
   - *Sub-division*
   - *City/Town*
   - *Island*

## MEDICAL INFORMATION

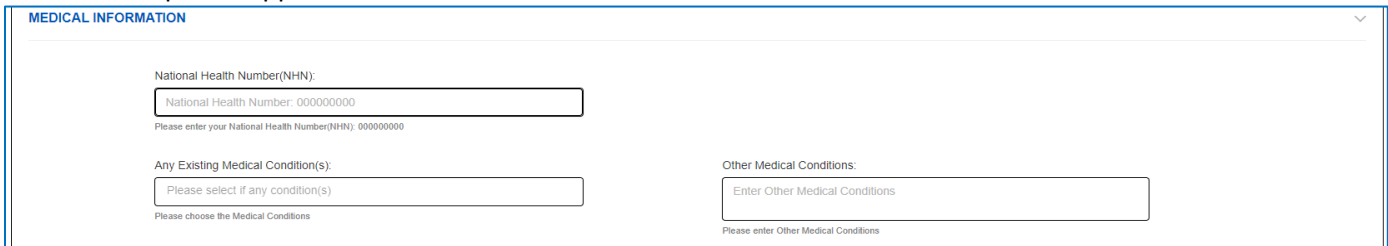This section captures applicant's medical details.



**MEDICAL INFORMATION**

National Health Number(NHN):

National Health Number: 000000000

Please enter your National Health Number(NHN): 000000000

Any Existing Medical Condition(s):

Please select if any condition(s)

Please choose the Medical Conditions

Other Medical Conditions:

Enter Other Medical Conditions

Please enter Other Medical Conditions

*Figure 5.0: Medical information*

### *Explanation:*

1. Enter your '**National Health Number (NHN)**'.

2. Please select '**Any Existing medical condition(s)**' if you have any.
   - ⚠ *Applicant can select none or more than one medical conditions from the dropdown list provided:*
     - *•Diabetes*
     - *•Hypertension*
     - *•Heart problem (Rheumatic Heart Disease, Bypass, Valve or heart Surgery, Pacemaker etc.)*
     - *•Asthma*
     - *•Immunocompromised (Cancer, Organ Transplant, Chemotherapy, Dialysis)*

3. Select "**Others**" if you have other medical conditions which are not provided in the list.
   - ⚠ *This is a required field to provide if "others" is selected.*

## SELF-HEALTH ASSESSMENT

A health self-assessment gathers the vital information of your health history to assess your medical



**SELF HEALTH ASSESSMENT**

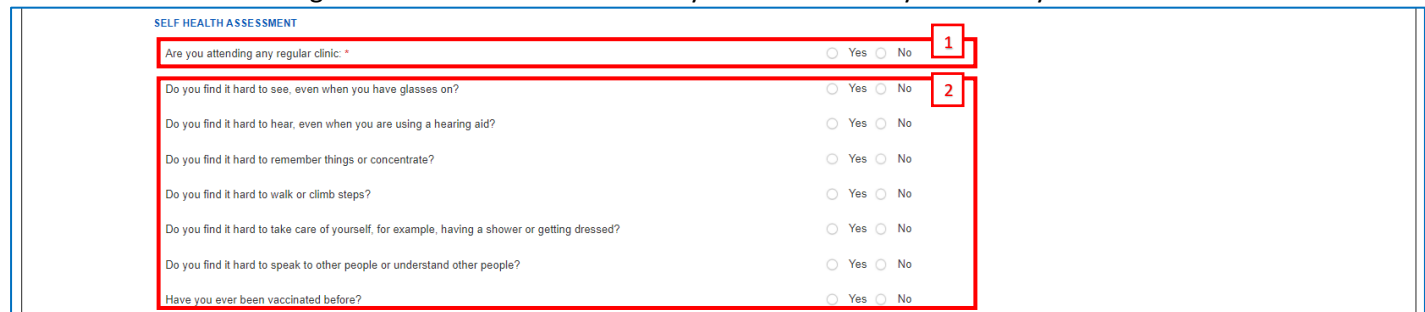| Are you attending any regular clinic: * | ○ Yes ○ No | **1** |
| Do you find it hard to see, even when you have glasses on? | ○ Yes ○ No | **2** |
| Do you find it hard to hear, even when you are using a hearing aid? | ○ Yes ○ No | |
| Do you find it hard to remember things or concentrate? | ○ Yes ○ No | |
| Do you find it hard to walk or climb steps? | ○ Yes ○ No | |
| Do you find it hard to take care of yourself, for example, having a shower or getting dressed? | ○ Yes ○ No | |
| Do you find it hard to speak to other people or understand other people? | ○ Yes ○ No | |
| Have you ever been vaccinated before? | ○ Yes ○ No | |

*Figure 5.1: Self-health assessment*

1. Select either 'Yes' or 'No'.
   - Select 'Yes' if you attend clinic regularly.
   - Select 'No' if you do not attend clinic regularly.
2. Additional health related questions.
   - ⚠ *Other health related questions are optional to answer.*

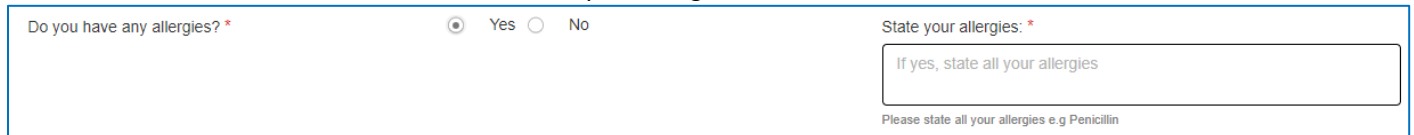3. Do you have any Allergies?
   Select either 'Yes' or 'No'.
   - Select 'No' if you do not have any allergies.



*Figure 5.2: Allergies*

   - Select 'Yes' if you have any allergies.
     If 'Yes' is selected then Please state your Allergies.



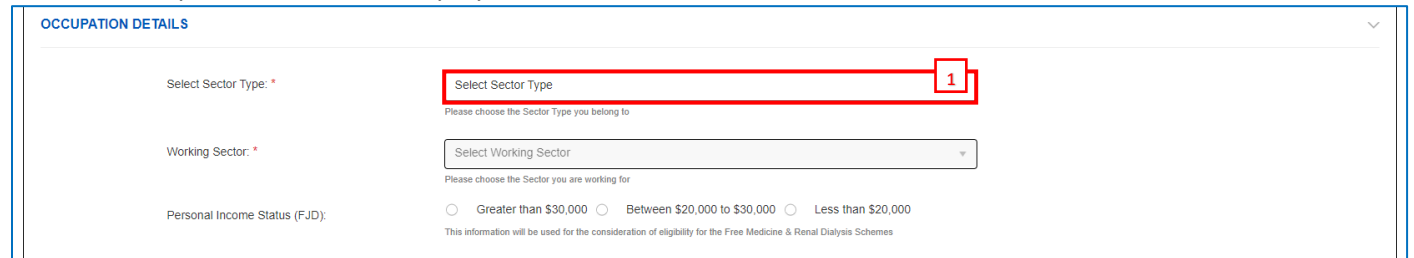*Figure 5.3: State your allergies*

## OCCUPATION DETAILS

This section captures the area of employment.



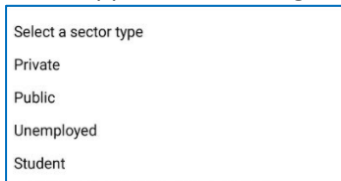*Figure 6.0: Occupation details*

1. Select applicants working **"sector Type"**.



*Figure 6.1: Sector Type*

⚠️ *"Working sector" field will be editable if applicant selected sector type as either "Private" or "Public".*

2. Select "**Personal Income Status**"

⚠️ *This is optional for the applicant to provide.*

## IDENTIFICATION CARD DETAILS

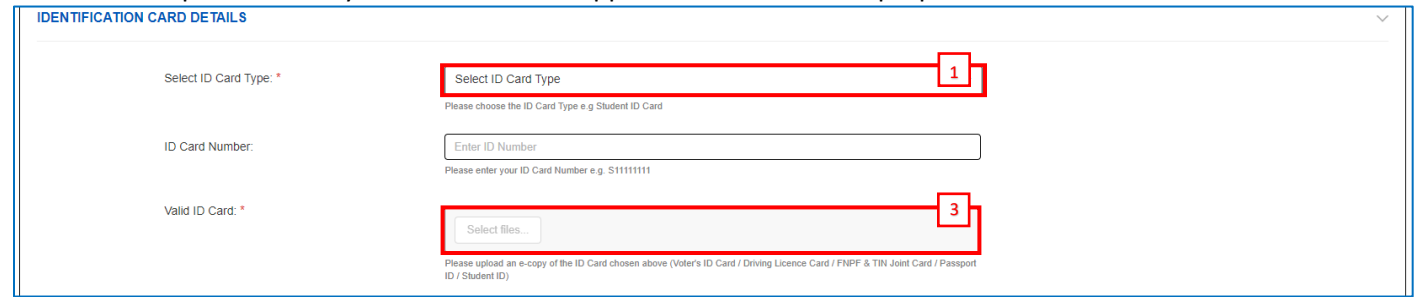This section captures identity information of an applicant for verification purpose.



*Figure 7.0: Identification card details*

1. Select your "**ID Card Type**".
   - ⚠ *Select "ID type" before uploading Photo ID.*

2. Please enter your "**ID Card Number**".
3. Click on "**Select files**" and upload your Valid ID Card.
   - ⚠ *This is mandatory for the applicant to provide.*

*File upload.*
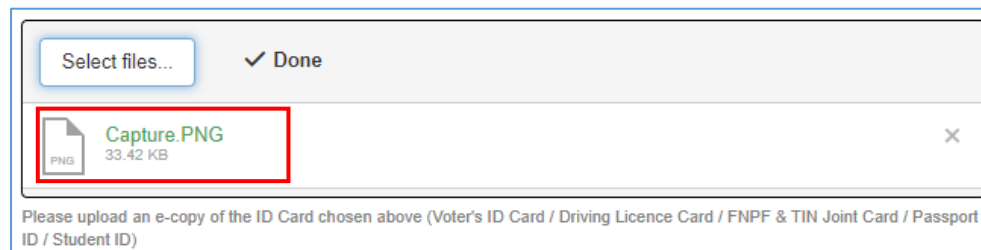
I.   File upload successful:
   - File name will be displayed in green color.



*Figure 7.1: File upload successful*

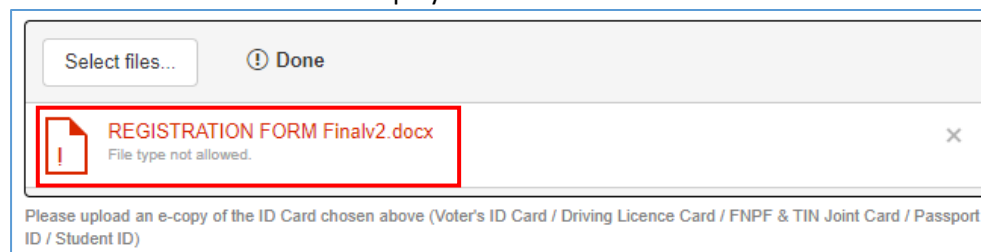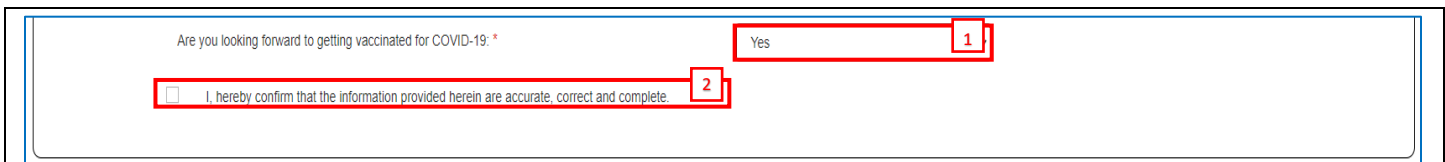II.   File upload fail:
   - File name will be displayed in red color.



*Figure 7.2: File upload fail*

*Figure 7.3: Declaration*

1. Are you looking forward to getting vaccinated for COVID-19:
   Please select either 'Yes' or 'No'.

*Declaration*

2. I, hereby confirm that the information provided herein are accurate, correct and complete.

   (!) *Please check all the information you have entered before checking the declaration box.*

   (!) *This is mandatory for the applicant to provide.*
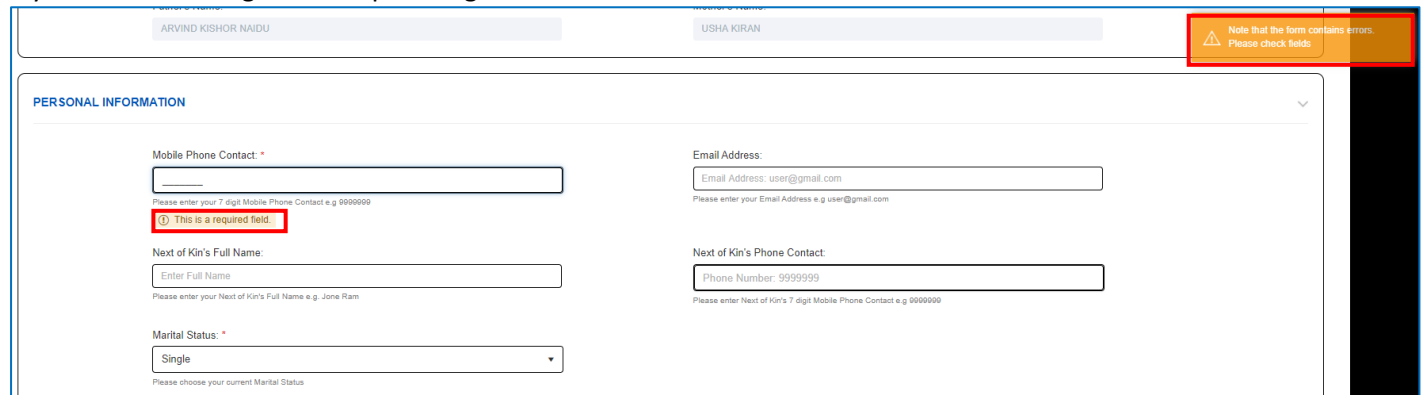
## Submitting your registration form.



*Figure 8.0: Submit application*

1. Click on "**SUBMIT APPLICATION**" to submit your registration form.

## Successful submission

If you are submitting an incomplete registration form:
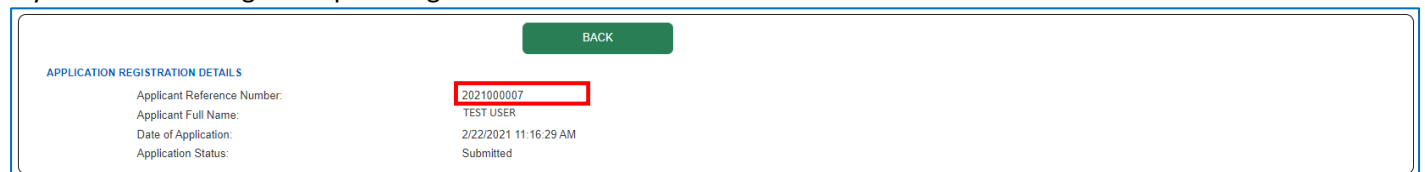


*Figure 8.1: Form incomplete*

(!) *Error message will be displayed and the user will be taken to the first incomplete field.*

If you are submitting a complete registration form:



*Figure 8.2: Application registration details*

(!) *Reference number will be generated once the registration is completed.*