



Immunization: Viewing the Covid-19 Immunization Enhanced Consent

Ensure the Service Delivery Location (SDL) is correct. An SDL is the physical location where the pharmacy services are delivered (e.g. Taché Pharmacy)

Click **Immunization**

Public Health Solution for Disease Surveillance and Management

IMMUNIZATION INVENTORY

The Public Health Solution for Disease Surveillance and Management supports the identification, management and control of infectious diseases and outbreaks that pose a threat to the public health.

Specify your Service Delivery Location (SDL).

* **Service Delivery Location:** Tache Pharmacy

SDL Time Zone: CST

Personal WorkLoads

View all your assigned work tasks

Reporting

Specify and view client specific and aggregate reports.

Document Management

Add, update, delete and search for electronically attached documents.

Notifications

Create and view jurisdiction and threshold notifications.

Need Help ?
Contact information for the [Help Desk](#)

Prev	Today		Next			
January 2021						
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External Reference Links
LINKS WILL OPEN A NEW WINDOW

No Reference Link has been added

The *Search Clients* page displays

Immunization Search Clients

Search Retrieve Reset

Basic Search Criteria

Client Number: Client Number Type:

Last Name: First Name: Middle Name:

Gender:

Choose one:

Select all that apply:

- Include Inactive Clients
- Include Indeterminate Clients
- Use Phonetic Matches



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Enter the client's Health Card Number in the *Client Number* box (the 9 digit MB Health Card Number).

Click on the drop-down arrow and select *Health Card Number* from the list.

Click **Search**

Public Health Solution for Disease Surveillance and Management

Search Clients

Basic Search Criteria

Client Number: 173018196

Client Number Type: Health Card Number

Last Name: []

Gender: []

Middle Name: []

Choose one:

Date of Birth: []

Client ID

Health Card Number

Additional ID

Search

In the *Search Results* factory table, the name of your client displays, select your client by clicking on the checkbox in the row that displays your client's name.

Search Results

Preview Set In Context Client Imms Profile

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Client ID	Health Card Number	Last Name	First Name	Gender	Date of Birth	Health Region	Active
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3297	173019349	Battle	Bjorn	Male	1986 Sep 24	Southern Health - Sante Sud	Active

Total: 1

Click **Client Imms Profile**, the *Immunizations* page displays

If you see "**Alerts**" display, click on the word *Alerts*.

Immunizations

Alerts

Client ID: 3297

Phone Number: 204-555-3333



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A new modal window opens, you will look under **Message** column, if the message is *Enhancement Consent form* related you will need to view the form, click on the **X** the modal window will close.

Effective From	Effective To	Type	Message	Last Edited By
2021 Jan 24		Client Warning	Covid 19 Enhancement Consent Form	Desrosiers, Robert

Go to the LHN and click on **Document Management** to expand the folder and click on **Context Documents**

The **Context Documents** page displays

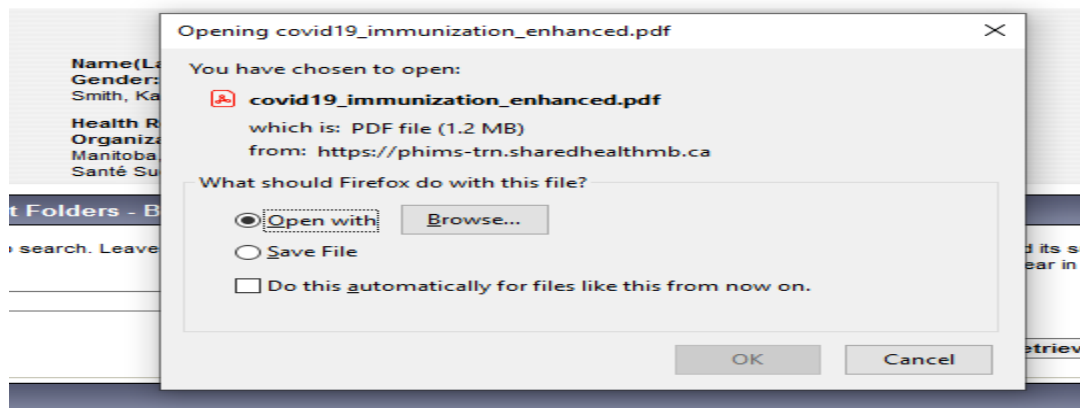
Scroll to the **Document List** panel and click on the **PDF** hyperlink in the TYPE column of the factory table

Row Actions	Document Title	Size[KB]	Type	Posted By	Posted On	Description	Status
<input type="checkbox"/>	Covid 19 Immunization Enhancement Consent Form	1223.62	PDF	Desrosiers, Robert	2021 Jan 24		active



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Select the radio button beside **Open with** and click **OK**



View PDF **COVID-19 Immunization Enhanced Consent Form**

COVID-19 Immunization Enhanced Consent Form **Manitoba**

The (standard) COVID-19 Immunization Consent Form MUST be completed prior to completing this Enhanced Consent Form. Individuals who are pregnant, planning to become pregnant or breastfeeding; immunosuppressed due to disease or treatment and/or have an autoimmune condition are to complete both consent forms.

Region Southern Health - Santé Sud Clinic Location Pat Porter Place Date 2021-01-24

Sections A, B and C completed by:
 Client Parent Legal decision maker Other _____ (on behalf of client)

A. Client Information – please print

Surname Smith Given Names Karen

Address of residence 25 Oak Bay City/Town Landmark Postal Code R5T4E3

Phone Number 204-555-5555 Date of Birth (yyyy/mm/dd) 1944 / 01 / 11

Sex Male Female Intersex Unknown

Manitoba Health Number (8 digits) 123456 Personal Health Information Number (9 digits) 555878787

B. Enhanced Health History of Client

If your immune system is suppressed due to disease or treatment, complete questions 1 thru 5.

1. I have read and understood the information in the COVID-19 Vaccine factsheet AND the information provided to me by my immunizer or health care provider. Yes No
2. I understand that there is limited evidence that immunosuppression is an independent risk factor for severe COVID-19. Yes No
3. I understand that immunocompromising conditions vary in their impact on the immune system and may alter the response to immunization depending on the underlying condition, the progression of disease and use of medications that suppress immune function. Yes No
4. I understand that there is very limited data on the use of COVID-19 vaccine in individuals who are immunosuppressed. Yes No
5. I understand that there is limited evidence to demonstrate that the COVID-19 vaccine will be of benefit to me. Yes No

If you have an autoimmune condition, complete questions 6 thru 12.

Close **X** off to return to the **Contents Documents** page



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LHN > Immunizations > **Immunization Profile** to return to the Client's **Immunization** page.

The screenshot shows a navigation menu on the left with the following items: Recent Work, Client, Immunizations (expanded), Deferrals, Search Immunizations, Vaccine Wastage, Document Management (expanded), Context Documents, and Reporting & Analysis. The 'Immunization Profile' item under 'Immunizations' is circled in red. The main content area shows 'Context Documents' and 'Alerts' with client information: Client ID: 3297, Name: Battle, Bjo, Gender: -, Health Region: Manitoba, Santé Sud, Phone Number: 204-555-3333, and Mobile Contact: 204-555-3333.

Continue with immunizations

The screenshot shows the 'Immunizations' page for a client. The page has a 'Save' and 'Reset' button in the top right. The client information is displayed as follows: Client ID: 85989, Name: Smith, Karen / -, Health Card No: 555878787, Phone Number: 204-555-5555, Health Region Organization: Manitoba, Southern Health - Santé Sud, and Additional ID Type / Additional ID: Manitoba Health Family Registration Number / 123456. Below this is a section for 'Immunization Details' and 'Immunization History - Detailed Data Table'. At the bottom, there is a button 'Add Single Immunization' and a note: 'To create a new record click Add.'