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## Individual / Family Pre-registration New User

This system is available to those who want to register to receive the H1N1 vaccine. Those who need to can pre-register themselves and their dependents. Create a user name and password as a family if you would like to register dependents. During the pre-registration process, a login and password is created for an individual. If the individual wants to pre-register at that time, they can continue the process. Once individual pre-registration is complete you can log back in and continue the registration process for dependents. The registration process requires a printer so the completed registration form can be printed.

### New Individual / Family Pre-registration process:

On the **Individual Login** page if you are not yet a registered user, click on "**New Individual/Family to Pre-register**" link. This will take you to the H1N1 Flu Vaccine "Individual/Family Pre-registration" page.

**Individual Login**

User Name

Password

[New Individual / Family to Pre-Register Click Here](#)

[Forgot Password Click Here](#)

### H1N1 Flu Vaccine Individual/Family Pre-registration Form

#### H1N1 Flu Vaccine Individual/Family Pre-Registration Form

**Login Information**

\*Email Address  \*Re-type Email Address  \*Password  \*Re-type Password  \*Secret Question  \*Answer

\* Password must be at least 8 characters long

Use the tab button on your keyboard to move between fields. Required fields are marked with an asterisk (\*).

On the "Individual Login" screen enter the following:

1. Enter a valid e-mail address in the box **E-mail Address**. The e-mail address is defined as a valid e-mail address. Example: jane.doe@odh.ohio.gov
2. Retype your **E-mail address**.
3. Enter your password.
4. Retype your password.
5. Choose a "Secret Question" from the drop down list.
6. Enter an answer to the "Secret Question".
7. Click on the **Save** button to create a login for the patient/family household. You can continue with the registration process or logout.
8. Clicking on the **Cancel** button erases all information that was entered. You will have to re-enter the information to register.
9. If there is an error message when you click the **Save** button it will be displayed. Errors could be due to :
  - E-mail address entered incorrectly. If the e-mail address isn't entered accurately you will receive an error message.
  - The password entries not matching.

If the individual pre-registration is successful you will receive "Login account has been successfully registered" message.

Login Information

Email Address	Re-type Email Address	Password	Re-type Password	Secret Question	Answer
jane.doe@odh.ohio	jane.doe@odh.ohio	*****	*****	Favorite Car	Fiat

\* Password must be at least 8 characters long

[Update](#)

**Login account has been successfully registered. Please register each individual and dependent below.**

Registered Individuals

[Register New Individual](#)

No Data To Display

No registered individuals were found. Click on the "Register New Individual" button to add individuals

The registration process can now begin by selecting the **Register New Individual** button. For more instructions, click on [Register New Individual](#) link.

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## Registering a New Individual

Click on button 'Register New Individual' This will direct you to the 'Patient Demographic' screen.  
 If you are registering more than one individual then the individual registering first should be the head of household.

**Patient Demographic Information**

\*First Name [Jane] Middle Name [ ] \*Last Name [Doe]

\*Birth Date [mm/dd/yyyy] \*Gender  Male  Female

To enable selection of city, state, and county, enter a zip code and click **Lookup Cities**

\*Address 1 [123 ABC street] \*City: [WESTERVILLE]

Address 2 [ ] \*State: [OH]

\*Zip [55555] [43081] **Lookup Cities** \*County: [FRANKLIN]

\*It is very important that you provide as much of the following contact information as possible.

Home Phone: [555-555-5555] Cell Phone: [555-555-5555] Receive Cell Phone Text Alert?  Yes  No Email Address: [jane.doe@odh.ohio.gov]

\*Is this person Head of the Household or Caretaker for more than one individual?  Yes  No

At least one individual should be registered in the system as head of household to agree to consent for self and all other individuals

Required fields are marked with an asterisk (\*). This system requires that certain fields marked with an asterisk (\*) are completed. If not, an error message will display at the top of the screen.

Use the Tab button on your keyboard to move from field to field.

- 1) Fill in the the First Name\*, Middle Name and Last Name\*.
- 2) Enter a valid birth date\* (mm/dd/yyyy): The year must contain four digits.
- 3) Select the patient's gender\*.
- 4) Fill in the Address 1\*, Address 2, followed by Zip\*. Once the zip code is entered, click on **Lookup Cities** button. When the zip code is entered, the city field will refresh to show only cities in that zip code.
- 5) Select your city\* from the pick list.
- 6) The pick list for the county\* will refresh to show only the counties where the city could be located.
- 7) Select the county\* from the newly refreshed drop down menu.
- 8) The system will fill in the state once the **Lookup Cities** button is clicked.
- 9) Enter home and cell phone numbers in this format. (555-555-5555)
- 10) Select your preference for text alerts.
- 11) Enter a valid email address.
- 12) Select 'Yes' only if person is head of household or caretaker of more than one individual. Select "No" if person is not head of household or caretaker of more than one individual.

### Other Related Questions:

Answer the questions as they apply to the Individual or family member you are registering:

- 1) Enter name of institution if individual is enrolled in a day care / college.
- 2) If a child is attending school (Kindergarten through Grade 12), select their school district from the menu. Once the screen refreshes, select their school name from the drop down menu. Finally select their grade level.

If Patient is enrolled in a School, please provide the school district, school, and grade:

School District [Westerville City SD]

School Name [Westerville-North High] Grade: [Grade 11]

### 3) Health related questions: check the appropriate box if the answer to any of the questions is yes, true or the condition is applicable. Check all boxes that apply to the specified individual.

- Patient is a member of one of the following defined priority groups recommended to receive a vaccine at this time.
- Any household members have any of the following conditions.

For example if a women is pregnant check the box

- Pregnant women
- People who live with or care for children younger than 6 months of age

### Patient Consent:

Fill this out after reading the Patient Consent Section

I understand the decision to be vaccinated is voluntary and agree to allow the patient to receive H1N1 vaccine

Check the box in this section if you understand and agree to be vaccinated voluntarily.

Click on the **Save** button and this will register the patient.

Clicking on the **Cancel** button will not register the patient or save any updates. On clicking the **Cancel** button the main pre-registration page displays.

Click on **Print Patient Form** button after the family members have been added and this will print out the form for registered individuals or family members.

You **MUST** take the printed form displaying the ID number assigned to you and to your family members when you go to a designated facility to receive the vaccine.

Click on **Print Patient Form** to learn more.

Click "Home" on the main menu to return to the main pre-registration page.

To register another family member click on the "Home " menu on top and on the next page click the **Register New Individual** button.

- 1) This will direct you to the "Patient Demographic" section.
- 2) After entering the patient demographic section click on the **Save** button to register the new individual.
- 3) Click the **Logout** button on the menu to logout.

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## Print Patient Form

After each individual has been registered, click on the **Print Patient Form** button to print out the form for registered individuals or family members..

The patient form will contain the following for each family member:

- Patient unique identification number, located on the top left section of each page.
- Demographic information entered for each patient.
- Pertinent answers from the "Other Related Questions" page.
- Patient consent form.

The patient form also contains an "Office Use Only" section that will be filled when the individual or family members go to receive their immunizations.

Clinic staff will:

- Update the patient H1N1 immunization history.
- Fill out the vaccine administered information.

You **MUST** take the printed patient form displaying the ID assigned to you and to your family members when you go to receive the vaccine.