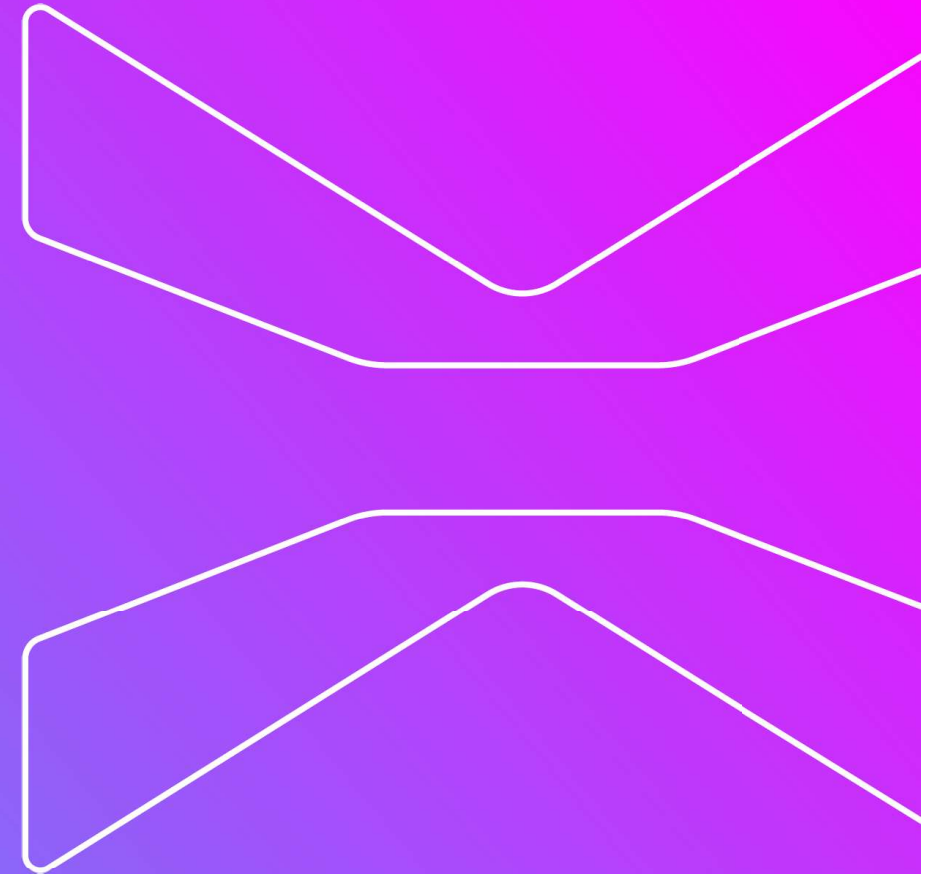




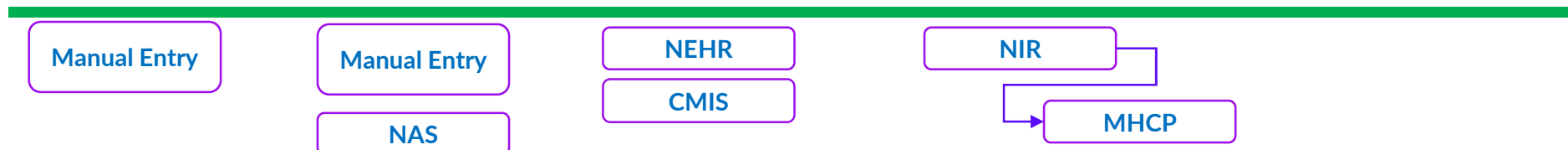
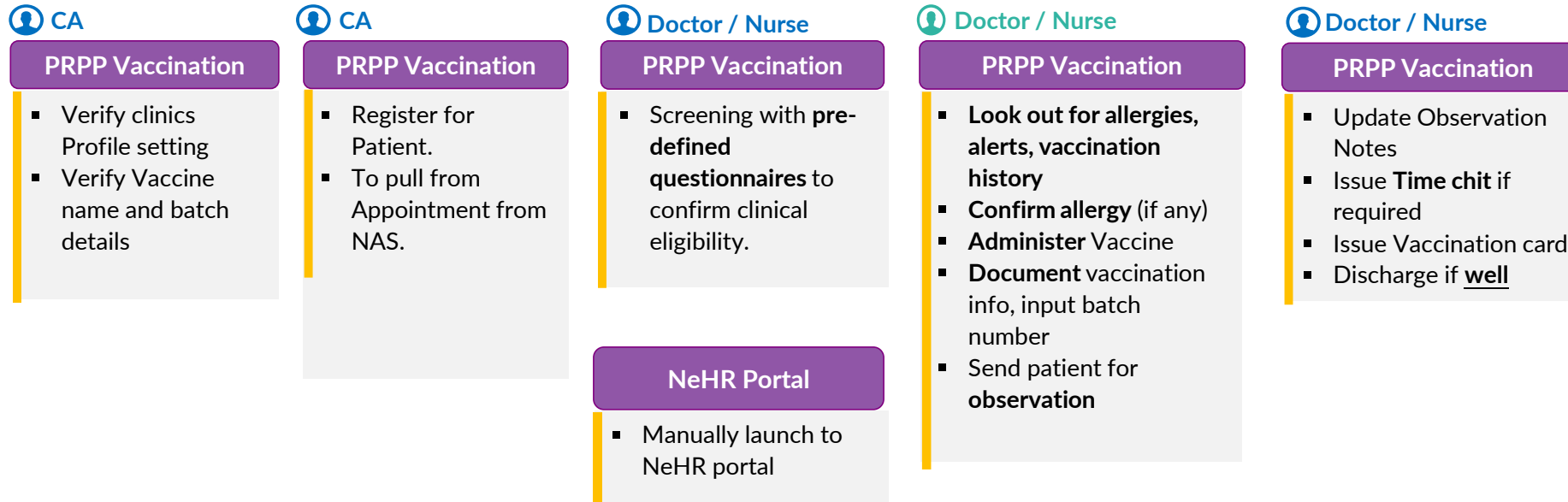
Patient Risk Profile Portal – COVID-19 Vaccination Module Quick Start Guide

03 Apr 2024

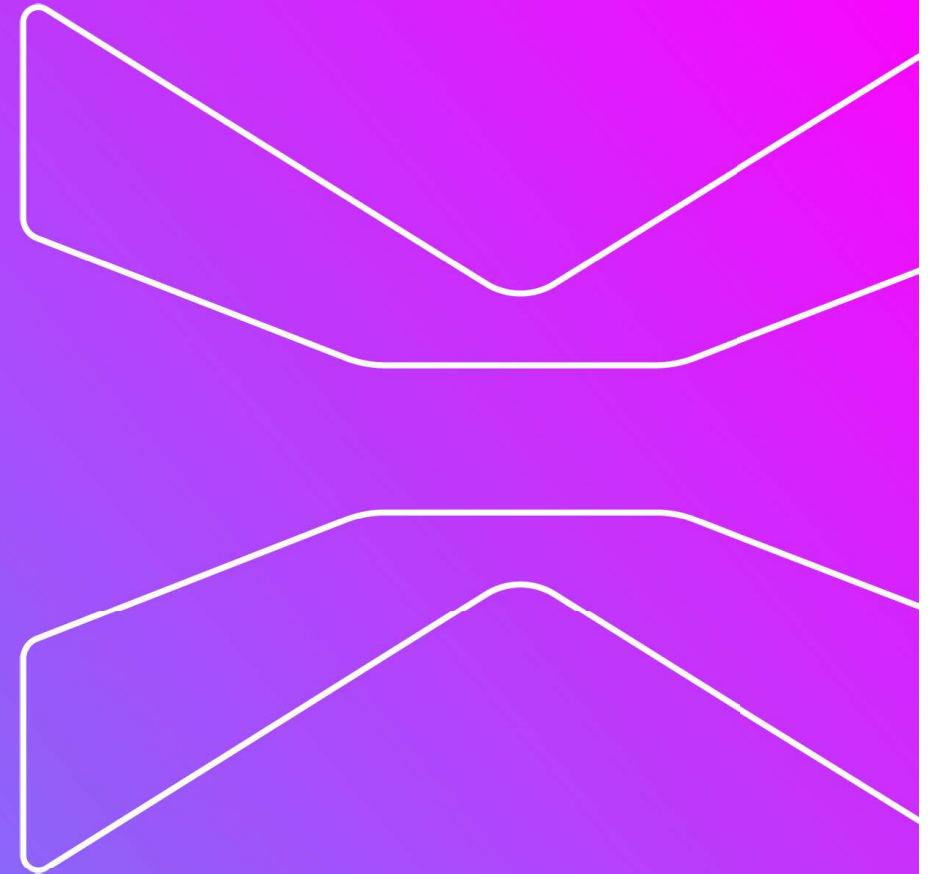
PRPP COVID-19 Vaccination Workflow



PRPP Vaccination solution workflow



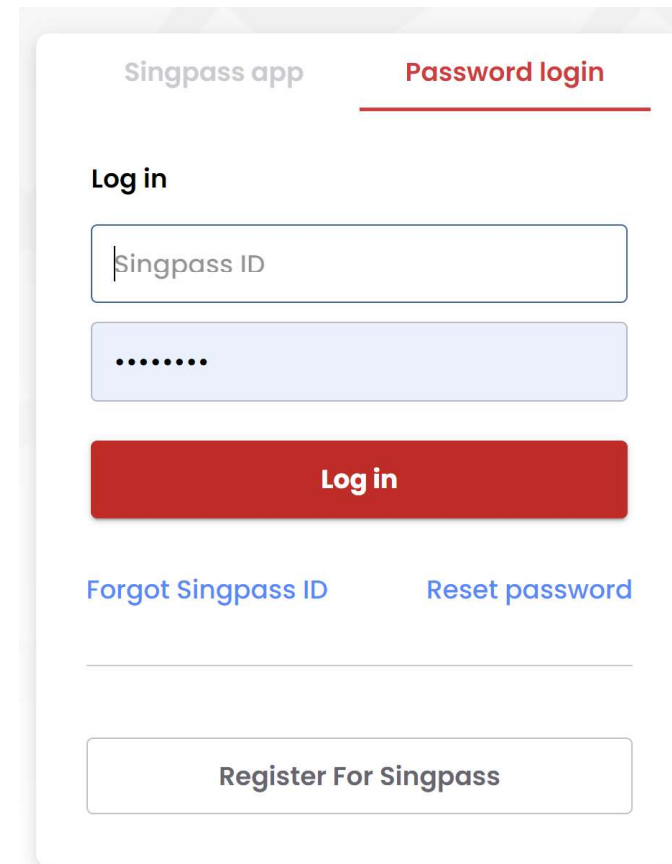
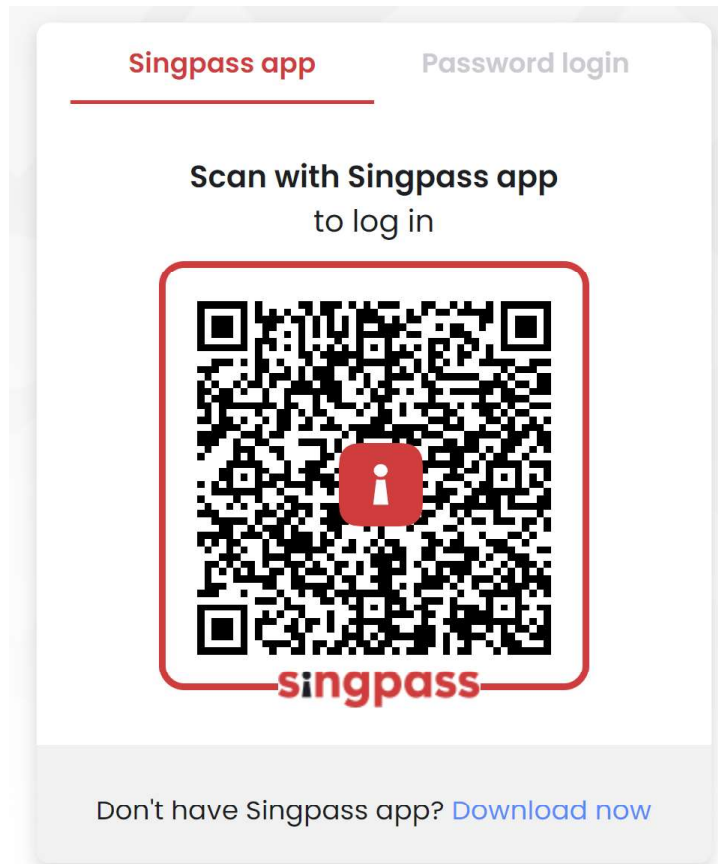
Launch Application



Launch App – Login



Production URL: <https://pcds.sg>



Launch App – Select Clinic



- Select the Clinic/PCN Name and PRPP as System



**Clinic/PCN
Name**

Select System

PRPP

PCDS

Next

Launch App



- View of the PRPP Main Page

The screenshot shows the PRPP Main Page interface. At the top, there is a navigation bar with the following tabs: Patient Risk Profile (selected), Swab Results, ARI Reporting, To-Do List, COVID Vaccination, Adverse Event/Allergic Reaction Report, and Clinic Settings. Below the navigation bar, there is a warning message: "Please be reminded that you should only access the patient's risk indicator if the GP is seeing that patient." The main content area contains a search form with the following fields: Clinic (18 CLINIC (535 TOWNER ROAD,03)), NRIC / FIN / Passport No., Patient's Full Name (as per NRIC / FIN / Passport), Date (16/07/2021), Reviewed (radio buttons for Yes, No, All), Submitted (checkboxes for ARI, Non-ARI, No), and Antigen Rapid Test (checkboxes for Positive, Negative, Invalid, Pending). A Search button is located below the form. Below the search form, there is a section titled "Your Patients" with a filter for "Non-ARI". A table displays the search results:

Date	NRIC / FIN / Passport No.	Name	Reviewed	Submitted	Reviewed By	Action	Antigen Rapid Test
16/07/2021 12:39 PM	S1234567D	Lee min ho	Yes	ARI	Name of S3000601A	Print	
16/07/2021 12:55 AM	S5500051D	PeterTan	Yes	ARI	Name of S3000601A	Swabbed	

At the bottom of the page, there is a footer with links for Report Vulnerability, Privacy Statement, and Terms of Use. The footer also contains the text: "© 2019 Government of Singapore Last Updated on 22 May 2020".

Launch App



- View of the PRPP Main Page

Navigation tabs: Patient Risk Profile, Swab Results, ARI Reporting, To-Do List, COVID Vaccination, Adverse Event/Allergic Reaction Report, Clinic Settings

Clinic: Demo Vaccination Center

NRIC / FIN / Passport No. [Input Field]

Patient's Full Name (as per NRIC / FIN / Passport) [Input Field]

Visit Date Range: 28/07/2021 - 28/07/2021

Status:

- Walk In (1)
- Appointment (2)
- Registered (0)
- Screened (0)
- Observation (0)
- Discharged (8)
- Deferred (2)
- Select All

Search [Button]

Your Patients

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
28/07/2021 02:30 PM	S7014286D	S7014286D NAME	99981111		Appointment			
28/07/2021 12:00 AM	S9328612Z	FABIANTESTDEMO	88888888	NIR-MHCP GP	Discharged	28/07/2021 03:11 PM		
28/07/2021 03:30 PM	S7813480A	S7813480A NAME A1	99999111		Appointment			

Click to get MHCP Claim Status

MHCP submission and claim status

Launch App



- Clinic Setting – Clinic GST registered indicator (For MHCP Claim Submission)

Patient Risk Profile **Swab Results** **ARI Reporting** **To-Do List** **COVID Vaccination** **Adverse Event/Allergic Reaction Report** **Clinic Settings**

Clinic Profile | Practising Doctors | Vaccine Batches | Vaccine Utilisation

Your clinic will be notified of your patients' swab results via SMS notification/email. Please provide your contact information to receive the notifications.

Clinic Demo Vaccination Center

GST Registered Yes No **Indicate if GST registered (For MHCP Claim)**

Primary Email * chitra.meenakshi.sundaram@ihis.com.sg

Secondary Email chitra.meenakshi.sundaram@ihis.com.sg

Main line * 87126973

Primary Mobile Number * 87126973

Secondary Mobile Number 87126973

Safe Entry App ID
 e.g. PROD-532351768-507373-CLINICNAME1-SE

Laboratory (Default) Parkway Laboratory

Days clinic is open Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Public Holidays

Last updated by NIR-MHCP GP on 31/7/2021 2:00:24 PM

Confirm

Launch App



- Clinic Setting – Adding Vaccine Drug and Batch Number

Click "COVID Vaccination" Tab to navigate to work list

1 Clinic Settings

2 Vaccine Batches

3 Enter the Batch number of the vaccine

4 Select the Vaccine Brand

5 Set the Expiry Date

6 Add the Vaccine details to the list

Batch No. : *

Vaccine Brand : *

Expiry Date : *

Add

Select Vaccine Brand

PFIZER-BIONTECH-COVID-19 Vaccine

MODERNA COVID-19 Vaccine

Vaccine Batches

Batch No.	Expiry Date	SDD Code	Action
EL1404		3339641000133109	
ER0866		3339641000133109	
EL0200	01/01/2022	3339641000133109	

Launch App



Clinic Setting – Vaccine Utilisation

MINISTRY OF HEALTH SINGAPORE

Patient Risk Profile | Swab Results | ARI Reporting | To-Do List | COVID Vaccination | Adverse Event/Allergic Reaction Report | **Clinic Settings**

Clinic Profile | Practising Doctors | Vaccine Batches | Vaccine Utilisation

Report Date Range: 12/08/2021 - 12/08/2021

Search Enter the date range for search

Report Results

Report Date	Clinic Name	Reported By	Vaccine ID	Description	NAS Booking No	Dose Administered / Pax Vaccinated	No. of Person Vaccinated for D1	No. of Person Vaccinated for D2	No. of Vials Used	Efficiency Ratio	EOD Inventory (In Vial)	Wastage (In Doses)	Wastage Reason	Action
12/08/2021	Demo Vaccination Center	NIR-MHCP GP	3339641000133109	PFIZER-BIONTECH/COMIR NATY COVID-19 Vaccine [Tozinameran] Injection	10	5	5	0	3	1.67	1	1	test!@#\$\$%^&* 0!?:><.,/:\ chitra	Save and send email

Reason text (500 Characters)

Values up to 999

Scheduler job will run daily at **11pm**. Ad hoc update of the past day entry can be triggered by clicking on the "Save" button. Report will be sent out via email to MOH instantly for the updated entry.

Registration



Registration – Patient Registration



COVID-19 Vaccination – Main Page

Patient Risk Profile
Swab Results
ARI Reporting
To-Do List
COVID Vaccination
Adverse Event/Allergic Reaction Report
Clinic Settings

Clinic: Demo Vaccination Center

NRIC / FIN / Passport No.

Patient's Full Name (as per NRIC / FIN / Passport)

Visit Date Range: 15/07/2021 - 15/07/2021

Status:

Walk In (5)
 Appointment (11)
 Registered (5)

Screened (8)
 Observation (1)
 Discharged (3)
 Deferred (2)

Select All

[Search](#)

Your Patients

Visit Date & Time	NRIC / FIN / Passport No.	Name	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
15/07/2021 12:00 AM	S4717668I	NAS Walkin for Adi		Registered			
15/07/2021 12:00 AM	S4817805G	Test	NIR-MHCP GP	Screened			
15/07/2021 12:00 PM	S5237750A	PRPP_JUL16TEST0		Appointment			
15/07/2021 12:00 AM	S5403703A	ADMINAPPO-DEFFERED	NIR-MHCP GP	Deferred			
15/07/2021 08:00 AM	S5652476B	ADMIN-Appointment-Male	NIR-MHCP GP	Discharged	15/07/2021 08:49 AM	Submitted	Approved
15/07/2021 12:00 AM	S6375638E	testaaa		Appointment			
15/07/2021 12:00 AM	S7024758E	Ten Walkin the NNAS		Walk In			

Patient queue status

- 1 **Walk In**
Patient walk-in to clinic
- 2 **Screened**
Patient has done screening
- 3 **Deferred**
Patient has deferred vaccination
- 4 **Observation**
Patient administered with vaccine and put to observation
- 5 **Discharged**
Patient is discharged

Registration – Patient Registration

COVID-19 Vaccination – Patient Registration



Patient Risk Profile
Swab Results
ARI Reporting
To-Do List
COVID Vaccination
Adverse Event/Allergic Reaction Report
Clinic Settings

Clinic Demo Vaccination Center

NRIC / FIN / Passport No.

Patient's Full Name (as per NRIC / FIN / Passport)

Visit Date Range -

Status

Walk In (5)

Appointment (11)

Registered (5)

Screened (8)

Observation (1)

Discharged (3)

Deferred (2)

Select All

[Search](#)

Your Patients

Visit Date & Time	NRIC / FIN / Passport No.	Name	Reviewed By	Status	Observation End Time	NIR Submission
15/07/2021 12:00 AM	S4717668I	NAS Walkin for Adi		Registered		
15/07/2021 12:00 AM	S4817805G	Test	NIR-MHCP GP	Screened		
15/07/2021 12:00 PM	S5237750A	PRPP_JUL16TEST0		Appointment		
15/07/2021 12:00 AM	S5403703A	ADMINAPPO-DEFFERED	NIR-MHCP GP	Deferred		
15/07/2021 08:00 AM	S5652476B	ADMIN-Appointment-Male	NIR-MHCP GP	Discharged	15/07/2021 08:49 AM	Submitted
15/07/2021 12:00 AM	S6375638E	testaaa		Appointment		
15/07/2021 12:00 AM	S7024758E	Ten Walkin the NNAS		Walk In		

Click to register the patient

Registration – Patient Registration



COVID-19 Vaccination – Patient Registration

English | 中文 | Bahasa Melayu | ភ្នំពេញ

DECLARATION FORM

The information you provide is important in managing the risk of COVID-19 transmission. The Infectious Diseases Act requires a person who has reason to suspect that he is a case or carrier of COVID-19, or has had contact with a person with COVID-19, to act in a responsible manner to not expose other persons to the risk of infection by the disease. All data captured in this health declaration may be shared with relevant authorities for contact tracing purposes.

Please alert the clinic staff if you have visited:

- a. Blocks 78, 79, 80, 84, 85 and 86 Redhill Close from 1 Jun to 15 Jun 2021; or
- b. Tiong Bahru Court, 18 Jalan Membina from 9 Jun to 15 Jun 2021; or
- c. Tiong Bahru Yong Teo Hu from 7 Jun to 14 Jun 2021; or
- d. Block 121 Bukit Merah View from 10 Jun to 16 Jun 2021; or
- e. Blocks 116 – 119 and 124A, 124B, 125 and 126 Bukit Merah View from 5 Jun to 19 Jun 2021; or
- f. Blocks 81-83 Redhill Lane and 87-90 Redhill Close from 6 Jun to 20 Jun 2021; or
- g. Bukit Merah Central NTUC FairPrice from 3 Jun to 21 Jun 2021; or
- h. Block 105 Henderson Crescent from 8 Jun to 22 Jun 2021; or
- i. 66 Eng Watt Street from 8 Jun to 24 Jun 2021; or
- j. Blocks 55, 56 and 57 Lengkok Bahru from 12 to 26 Jun 2021; or
- k. Block 103 Henderson Crescent from 7 Jun to 26 Jun 2021; or
- l. Block 91 Henderson Road from 9 Jun to 28 Jun 2021.

(Updated as of 30 June 2021)

Declaration by Patient

ALL INFORMATION REQUIRED

Clinic you intend to go to: Demo Vaccination Center

Your Full Name (as per NRIC / FIN / Passport): Tan Peter

Your NRIC / FIN / Passport No.: NRIC / FIN: S7151078F

Your mobile number (For SMS notification): Singapore (+65)

Are you here for COVID-19 vaccination?

1. Do you have recently had any of the following: fever (≥37.5°C), cough, runny nose, sore throat, body ache, loss of sense of smell or shortness of breath? Yes No

2. Did you have contact with any case of COVID-19 in the last 14 days? Yes No

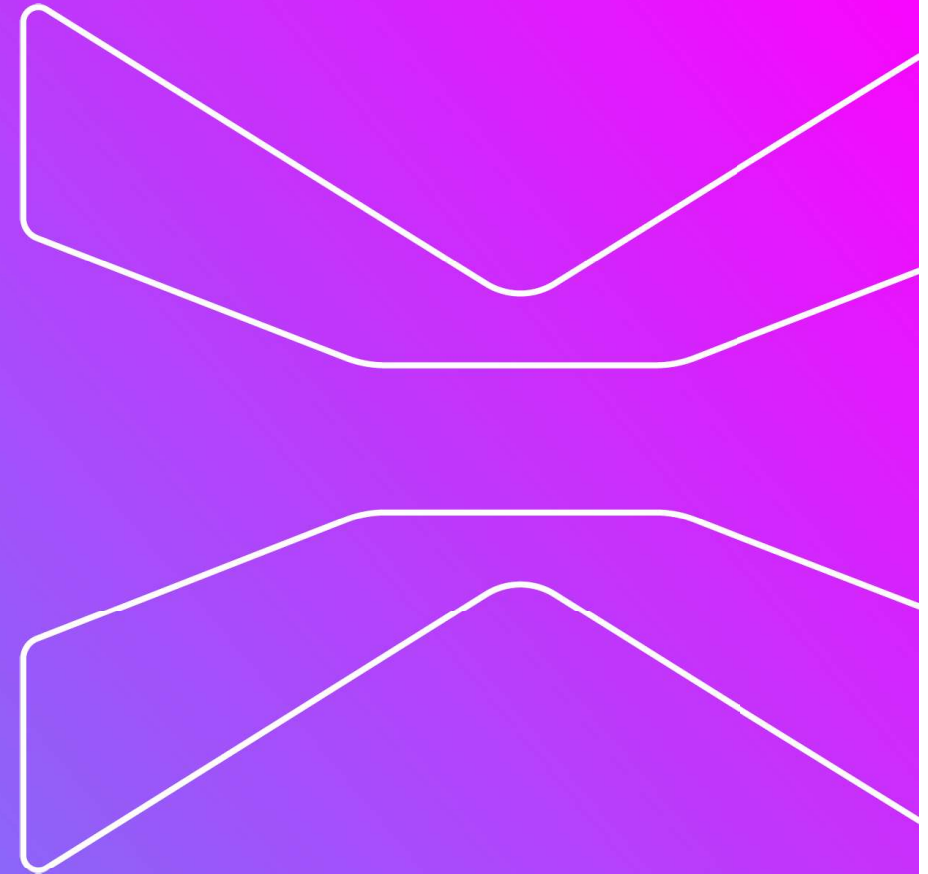
3. Were you in other countries (outside Singapore) in the last 14 days before your symptoms? Yes No

4. Do you:

- a. work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, foreign worker dormitories, isolation facilities and patient transport); or
- b. have you visited Blocks 78, 79, 80, 84, 85 and 86 Redhill Close from 1 Jun to 15 Jun 2021; or
- c. have you visited Tiong Bahru Court, 18 Jalan Membina from 9 Jun to 15 Jun 2021; or
- d. have you visited Tiong Bahru Yong Teo Hu from 7 Jun to 14 Jun 2021; or
- e. have you visited Block 121 Bukit Merah View from 10 Jun to 16 Jun 2021; or
- f. have you visited Blocks 116 – 119 and 124A, 124B, 125 and 126 Bukit Merah View from 5 Jun to 19 Jun 2021; or
- g. have you visited Blocks 81-83 Redhill Lane and 87-90 Redhill Close from 6 Jun to 20 Jun 2021; or
- h. have you visited Bukit Merah Central NTUC FairPrice from 3 Jun to 21 Jun 2021; or
- i. have you visited Block 105 Henderson Crescent from 8 Jun to 22 Jun 2021; or
- j. have you visited 66 Eng Watt Street from 8 Jun to 24 Jun 2021; or
- k. have you visited Blocks 55, 56 and 57 from 12 Jun to 26 Jun 2021; or
- l. have you visited Block 103 Henderson Crescent from 7 Jun to 26 Jun 2021; or
- m. have you visited Block 91 Henderson Road from 9 Jun to 28 Jun 2021?

protected by eSAFE1318A

Screening



Screening Patient Work List



Patient Risk Profile Swab Results ARI Reporting To-Do List **COVID Vaccination** Adverse Event/Allergic Reaction Report Clinic Settings

Clinic: Demo Vaccination Center

NRIC / FIN / Passport No.:

Patient's Full Name (as per NRIC / FIN / Passport):

Visit Date Range: 03/08/2021 - 05/08/2021

Status: Walk In (6) Appointment (7) Registered (0)
 Screened (0) Observation (0) Discharged (5) Deferred (3)
 Select All

[Search](#)

Your Patients [Get Claim Status](#)

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
03/08/2021 10:20 AM	S1309427F	Hong	97520765	NIR-MHCP GP	Walk In			
03/08/2021 10:20 AM	S6077863I	perf user	99776655	NIR-MHCP GP	Walk In			

Click on the link to start screening the patient

Patient can be removed from the work list only in "Walk In" status

Screening



Screening – Updating Patient information (For walk in cases)

Patient Risk Profile Swab Results ARI Reporting To-Do List **COVID Vaccination** Adverse Event/Allergic Reaction Report Clinic Settings

Patient's Registration Edit

*Note: All fields below are mandatory. Please click on the "Edit" button to update if required.

Clinic	Demo Vaccination Center	
Full Name (as per NRIC / FIN / Passport)	Hong	
NRIC / FIN / Passport No.	NRIC / FIN	S1309427F
Date of Birth	<input type="text"/>	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female	
Mobile Number (For SMS notification)	Singapore (+65)	97520765
Document Type	Please Select	
Country Of Issue	Please Select	
Patient Type	Please Select	

Click on the "Edit" button to updated the Patient's date of birth and the gender

All Fields must be filled.

*Note: If the mandatory fields are not filled in, the screening questionnaires will not be selectable

Screening



Screening – Update Patient Information

Patient's Registration

Clinic: Demo Vaccination Center

Full Name (as per NRIC / FIN / Passport) *: test nav

NRIC / FIN / Passport No.: NRIC / FIN: S8242001J

Date of Birth *:

Gender *: Male Female

Mobile Number (For SMS notification) *: Singapore (+65) 92305592

Document Type *: Singapore Pink Identification Card

Country Of Issue *: SINGAPORE

1. Do you have/recently had any of the following: fever ($\geq 37.5^{\circ}\text{C}$), cough, runny nose, sore throat, body ache, loss of sense of smell or shortness of breath?

2. Did you have contact with any case of COVID-19 in the last 14 days?

3. Were you in other countries (outside Singapore) in the last 14 days before your symptoms?

4. Do you
(a) work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, foreign worker dormitories, isolation facilities and
(m) have you visited Block 91 Henderson Road from 9 Jun to 28 Jun 2021?

Input the values and click "Save" button at the bottom

Patient does not meet the minimum age criteria

If the patient does not meet the minimum age criteria, an alert will be shown and not able to proceed to save the declaration form.

Screening

Screening – MHCP Claim Eligibility



Patient's Registration Save

*Note: All fields below are mandatory. Please click on the "Save" button to update if required.

Client:

Full Name (as per NRIC / FIN / Passport):

NRIC / FIN / Passport No.:

Date of Birth:

Gender: Male Female

Mobile Number (for text messages):

Document Type:

Country Of Issue:

Patient Type:

1. Have you received a "Health Risk Warning" (HRW) SMS in the last 14 days? No

2. Have you received a "Health Risk Alert" (HRA) SMS in the last 14 days? No

3. Did you have contact with any case of COVID-19 in the last 14 days? No

4. Do you currently have fever (≥37.5°C), flu-like symptoms (e.g. runny nose, cough, shortness of breath), sore throat, body aches, loss of smell, etc? No

5. Were you in other countries (outside Singapore) in the last 14 days before your symptoms? No

6. Do you (a) work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, foreign worker dormitories, isolation facilities and public transport), or (b) have you visited any of the premises of large active clusters? No

Claim Eligibility

Eligible for claim for dosage(s): PFIZER-BIONTECH/COMIRNATY COVID-19 Vaccine [Tozinameran] Injection Dose No.: 1

CMIS Medical Alert

Alert Name	Status	Report Date
Request Timeout		

CMIS Adverse Drug Reaction/Drug Allergy Add

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
Request Timeout					

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (temperature ≥ 37.5°C) in the past 24 hours? Yes No

2. Have you been diagnosed with heart inflammation (myocarditis/pericarditis) after a previous dose of a COVID-19 vaccine? Yes No

3. Have you had any allergic reaction to previous dose of COVID-19 vaccine or any of its components? Yes No

4. Have you ever had any allergic reactions to non-COVID-19 vaccines? Yes No

5. Have you ever had severe allergy reaction or anaphylaxis to medications, insect stings, food or unknown "triggers"? Yes No

6. Do you have any medical conditions causing severe immunocompromise? Yes No

7. Are you pregnant or suspect that you are pregnant (date menstrual period)? Yes No

8. Are you currently taking these medications or have these medical conditions? Yes No

Clinical notes:

Save Next/Back Back

Claim Eligibility

Eligible for claim for dosage(s): PFIZER-BIONTECH/COMIRNATY COVID-19 Vaccine [Tozinameran] Injection Dose No.: 1

Screening



Screening – Medical Alert and ADR DA

Patient's Registration

*Note: All fields below are mandatory. Please click on the "Edit" button to update if required.

Clinic: [Dropdown]
 Full Name (as per NRIC / PR / Passport): [Text]
 NRIC / PR / Passport No.: [Text]
 Date of Birth: [Date Picker] 21 Years
 Gender: [Male] [Female]
 Mobile Number (for SMS messages): [Text]
 Document Type: [Dropdown]
 Country of Issue: [Dropdown]
 Patient Type: [Dropdown]

1. Have you received a "Health Risk Warning" (HRW) SMS in the last 14 days? No Yes
 2. Have you received a "Health Risk Alert" (HRA) SMS in the last 14 days? No Yes
 3. Did you have contact with any case of COVID-19 in the last 14 days? No Yes
 4. Do you currently have fever (37.3°C), flu-like symptoms (e.g. runny nose, cough, shortness of breath), sore throat, body aches, loss of smell, etc? No Yes
 5. Have you in other countries (outside Singapore) in the last 14 days before your symptoms? No Yes
 6. Do you (a) work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, large meeting, conferences, isolation facilities and patient transports); or (b) have you visited any of the premises of large active clusters? listed on <https://sg.gov.sg/covid-19/active-clusters>? No Yes

Claim Eligibility

Eligible for claim for diagnosis: PPR28-B001TECHCOMMUNITY COVID-19 vaccine (Sustained) (Injection Dose No. 1)

CMIS Medical Alert

Alert Name	Status	Report Date
Contact Under Phone Surveillance	No	05-May-2020 16:19:15
Contact Under Quarantine	Yes	28-Apr-2021 14:39:42
COVID Active	No	28-Apr-2021 20:33:52
COVID Vaccinated	No	19-Apr-2021 00:00:04

CMIS Adverse Drug Reaction/Drug Allergy

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (temperature > 37.3°C) in the past 24 hours? Yes No
 2. Have you been diagnosed with heart inflammation (myocarditis/pericarditis) after a previous dose of a COVID-19 vaccine? Yes No
 3. Have you had any allergic reaction to previous dose of COVID-19 vaccine or any of its components? Yes No
 4. Have you ever had any allergic reactions to non-COVID-19 vaccines?
 • Anaphylaxis: severe reaction with 2 or more of the following: (a) hives or face/mouth/throat swelling, (b) difficulty breathing, (c) dizziness OR (d) fainting or loss of consciousness or difficulty swallowing to vomit?
 Yes No
 5. Have you ever had severe allergic reaction or anaphylaxis to medications, insect stings, food or unknown triggers?
 Yes No
 6. Do you have any medical conditions causing severe immunosuppression?
 For example:
 • Recent transplant in the past 3 months
 • Aggressive immunotherapy for non-cancer conditions (eg. Rituximab etc)
 • On cancer treatment (immunotherapy/ chemotherapy/ radiotherapy) less than 3 months ago OR planned in the next 2 months
 Yes No
 7. Are you pregnant or suspect that you are pregnant (late menstrual period)?
 Yes No
 8. Are you currently taking these medications or have these medical conditions?
 • Blood thinning medications (e.g. warfarin, aspirin, clopidogrel, ticagrelor etc)
 • Bleeding disorder or low platelets
 Yes No

Clinical Notes: [Text Area]

Save | Medication | Edit

CMIS Medical Alert

Alert Name	Status	Report Date
Contact Under Phone Surveillance	No	05-May-2020 16:19:15
Contact Under Quarantine	Yes	28-Apr-2021 14:39:42
COVID Active	No	28-Apr-2021 20:33:52
COVID Vaccinated	No	19-Apr-2021 00:00:04

CMIS – Medical Alert

1. **Covid Discharge and Vaccinated will be normal colour if Status=Y**

Nos	Medical Alert	Status
1	Covid Active	Yes
2	Contact Under Quarantine	Yes
3	Covid Discharge	No
4	Contact Under Phone Surveillance	Yes

Screening

Screening – CMIS ADR/DA View and Submission



Patient's Registration Edit

*Note: All fields below are mandatory. Please click on the "Edit" button to update if required.

Clinic:

Full Name (as per NRIC / FIN / Passport):

NRIC / FIN / Passport No.:

Date of Birth:

Gender: Male Female

Mobile Number (for SMS messages):

Document Type:

Country of Issue:

Patient Type:

1. Have you received a "Health Risk Warning" (HRW) SMS in the last 14 days? No Yes

2. Have you received a "Health Risk Alert" (HRA) SMS in the last 14 days? No Yes

3. Did you have contact with any case of COVID-19 in the last 14 days? No Yes

4. Do you currently have fever (38°C), flu-like symptoms (e.g. runny nose, cough, shortness of breath), sore throat, body aches, loss of smell, etc? No Yes

5. Have you in other countries (outside Singapore) in the last 14 days before your symptoms? No Yes

6. Do you (a) work and/or live in environments with higher risk of exposure to COVID-19 cases or (b) healthcare, foreign worker dormitories, residential facilities and public transport; or (c) have you visited any of the premises of any active clusters listed in <https://sg.gov.sg/scene-cluster>? No Yes

Claim Eligibility

Eligible for claim for dosage(s): PP2ZER-BIONTECH/COMMUNITY COVID-19 vaccine (Tozinameran) injection Dose No. 1

CMIS Medical Alert

Alert Name: Status: Report Date:

CMIS Adverse Drug Reaction/Drug Allergy Add

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
No Records Found					

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (temperature ≥ 37.5°C) in the past 24 hours? Yes No

2. Have you been diagnosed with heart inflammation (myocarditis/pericarditis) after a previous dose of a COVID-19 vaccine? Yes No

3. Have you had any allergic reaction to previous dose of COVID-19 vaccine or any of its components? Yes No

4. Have you ever had any allergic reactions to non-COVID-19 vaccines? Yes No

5. Have you ever had severe allergic reaction or anaphylaxis to medications, insect stings, food or unknown triggers? Yes No

6. Do you have any medical conditions causing severe immunosuppression? Yes No

7. Are you pregnant or breastfeeding? Yes No

8. Are you currently taking these medications or have these medical conditions? Yes No

Clinical Notes:

Save Verification Back

CMIS Adverse Drug Reaction/Drug Allergy Add

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
No Records Found					

Click on "Add" to add new ADR

CMIS Adverse Drug Reaction/Drug Allergy

Drug Name	Probability	Information Source	Onset Date	Adverse Reaction	Allergic Reaction	Remarks	Active
Abacavir	Possible	Patient	10/06/2021	rashes	Yes		<input checked="" type="checkbox"/>

Attending Clinician: Professional Registration Number: Profession: Contact Number: Email Address:

Close Save and Submit

Click on "Save and Submit" to submit ADR report to CMIS

If ADR is submitted successfully to CMIS, it will appear in the ADR table

CMIS Adverse Drug Reaction/Drug Allergy Add

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
Abacavir	ADR	rashes	Possible	Active	10-Jun-2021 02:33:58

Screening

Screening – Eligible for Vaccination



Patient's Registration

*Note: All fields below are mandatory. Please click on the "Edit" button to update if required.

Clinic: [Dropdown]
Full Name (as per NRIC / FIN / Passport): [Text]
NIC / FIN / Passport No.: [Text]
Date of Birth: [Text] 21 Years
Gender: [Male] [Female]
Mobile Number (for SMS messages): [Text]
Document Type: [Dropdown]
Country of Issue: [Dropdown]
Patient Type: [Dropdown]

1. Have you received a "Health Risk Warning" (HRW) SMS in the last 14 days? No
2. Have you received a "Health Risk Alert" (HRA) SMS in the last 14 days? No
3. Did you have contact with any case of COVID-19 in the last 14 days? No
4. Do you currently have fever (≥37.5°C), flu-like symptoms (e.g. runny nose, cough, shortness of breath), sore throat, body aches, loss of smell, etc? No
5. Have you in other countries (outside Singapore) in the last 14 days before your appointment? No
6. Do you (a) work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, large meeting, conferences, isolation facilities and patient transports); or (b) have you visited any of the premises of large active clusters? listed on <https://sg.gov.sg/ncov-covid-19-clusters>? No

Claim Eligibility

Eligible for claim for diagnosis: PZIFER-BIONTECH/COMMUNITY COVID-19 vaccine (Tozinameran) injection Dose No. 1

CMIS Medical Alert

Alert Name	Status	Report Date
	Request Timeout	

CMIS Adverse Drug Reaction/Drug Allergy

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
				Request Timeout	

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (Temperature $\geq 37.5^{\circ}\text{C}$) in the past 24 hours?
(If Yes, defer. Reschedule vaccination when fever has resolved.)

2. Have you been diagnosed with heart inflammation (myocarditis/pericarditis) after a previous dose of a COVID-19 vaccine?
(If Yes, do not vaccinate.)

3. Have you had any allergic reaction to previous dose of COVID-19 vaccine or any of its components?
(If Yes, do not vaccinate.)

4. Have you ever had any allergic reactions to non-COVID-19 vaccines:
• Anaphylaxis: severe reaction with 2 or more of the following: (a) hives or face/eyelid/lip/throat swelling, (b) difficulty breathing, (c) dizziness
• OR had rash or hives or face/eyelid/lip swelling to vaccines?
(If Yes, do not vaccinate. Refer to allergist clinic.)

5. Have you ever had severe allergy reaction or anaphylaxis to medications, insect stings, food or unknown triggers?
(If Yes, can vaccinate. Advise patient to consult their allergist if severe symptoms.)

6. Do you have any medical conditions causing severe immunocompromise?
For example:
• Recent transplant in the past 3 months
• Aggressive immunotherapy for non-cancer conditions (eg. Rituximab etc)
• OR cancer treatment (immunotherapy/ chemotherapy/ radiotherapy) less than 3 months ago OR planned in the next 2 months
(If Yes, can vaccinate only if patient has a prior date their specialist doctor stating their vaccination is permitted. Refer to doctor.)

Q7 FOR FEMALES < 50 YEARS OLD ONLY.

7. Are you pregnant or suspect that you are pregnant (late menstrual period)?
(If Yes, can vaccinate. Advise patient to consult their obstetrician if severe symptoms.)

8. Are you currently taking these medications or have these medical conditions?
• Blood-thinning medications (e.g. warfarin, apixaban, rivaroxaban etc)
• Bleeding disorder or low platelets*
(If Yes, can vaccinate. Advise firm pressure on injection site for 5 mins or more.)

9. Have you ever had severe allergy reaction or anaphylaxis to medications (non vaccines), insect stings, food or unknown triggers?
(If Yes, can vaccinate. Ensure patient is observed for minimal 30 minutes.)

Clinical Notes

Patient has given consent for vaccination.

Save Vaccination Edit

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Last updated on 24 May 2023

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (Temperature $\geq 37.5^{\circ}\text{C}$) in the past 24 hours?
(If Yes, defer. Reschedule vaccination when fever has resolved.)

2. Any vaccination in the past 14 days?
(If Yes, defer. Reschedule vaccination after 14 days)

3. Do you have any medical conditions causing severe immunocompromise?
For example:
• Recent transplant in the past 3 months
• Aggressive Immunotherapy for non-cancer conditions (eg. Rituximab etc)
• HIV with CD4 count < 200
(If Yes, do not vaccinate.)

4. Have you had any allergic reaction to previous dose of COVID-19 vaccine or any of its components?
(If Yes, do not vaccinate.)

5. Have you ever had allergic reactions to vaccines:
• Anaphylaxis: severe reaction with 2 or more of the following: (a) hives or face/eyelid/lip/throat swelling, (b) difficulty breathing, (c) dizziness.
• OR had rash or hives or face/eyelid/lip swelling to vaccines?
(If Yes, do not vaccinate, refer to allergist clinic.)

6. Are you on cancer treatment (immunotherapy/ chemotherapy/ radiotherapy) less than 3 months ago OR planned in the next 2 months?
(If Yes, defer. Advise patient to see their oncologist for advice.)

Q7 FOR FEMALES < 50 YEARS OLD ONLY.

7. Are you pregnant or suspect that you are pregnant (late menstrual period)?
(If Yes, patient must show memo from obstetrician stating that patient can proceed for vaccination. Defer if no memo.)

8. Are you currently taking these medications or have these medical conditions?
• Blood-thinning medications (e.g. warfarin, apixaban, rivaroxaban etc)
• Bleeding disorder or low platelets*
(If Yes, can vaccinate. Advise firm pressure on injection site for 5 mins or more.)

9. Have you ever had severe allergy reaction or anaphylaxis to medications (non vaccines), insect stings, food or unknown triggers?
(If Yes, can vaccinate. Ensure patient is observed for minimal 30 minutes.)

Clinical Notes

Patient has given consent for vaccination.

Auto-added text if patient is eligible for the vaccine.

Save Vaccination Back

Screening



Screening – Not eligible for Vaccination

Patient's Registration

**Note: All fields below are mandatory. Please click on the 'Save' button to update if required.*

Clinic:

Full Name (as per NRIC / FIN / Passport):

NRIC / FIN / Passport No.:

Date of Birth: 21 Year(s)

Gender: Male Female

Mobile Number (w/ SSG network):

Document type:

Country of Issue:

Patient Type:

1. Have you received a "Health Risk Warning" (HRW) SMS in the last 14 days? No

2. Have you received a "Health Risk Alert" (HRA) SMS in the last 14 days? No

3. Did you have contact with any case of COVID-19 in the last 14 days? No

4. Do you currently have fever (≥37.5°C), flu-like symptoms (e.g. runny nose, cough, shortness of breath), sore throat, body aches, loss of smell, etc? No

5. Have you in other countries (outside Singapore) in the last 14 days before your symptoms? No

6. Do you (a) work and/or live in environments with higher risk of exposure to COVID-19 cases (e.g. healthcare, foreign worker dormitories, isolation facilities and patient transport); or (b) have you visited any of the premises of large active clusters? No

Claim Eligibility

Eligible for claim for dosage: PPR28-BIONTECH/COMIRNATY COVID-19 vaccine (Pfizer/BioNTech) Injection Dose No. 1

CMIS Medical Alert

Alert Name: Status: Report Date:

Request Timeout:

CMIS Adverse Drug Reaction/Drug Allergy

Drug Name: Type: Adverse Reaction: Probability: Status: Report Date:

Request Timeout:

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (Temperature ≥ 37.5°C) in the past 24 hours? Yes No

2. Any vaccination in the past 14 days? Yes No

3. Do you have any medical conditions causing severe immunocompromise? Yes No

4. Have you ever had any allergic reaction to previous dose of COVID-19 vaccine or any of its components? Yes No

5. Have you ever had allergic reactions to vaccines? Yes No

6. Are you on cancer treatment (immunotherapy/chemotherapy/radiotherapy) less than 3 months ago OR planned in the next 2 months? Yes No

7. Are you pregnant or suspect that you are pregnant (late menstrual period)? Yes No

8. Are you currently taking these medications or have these medical conditions? Yes No

9. Have you ever had severe allergy reaction or anaphylaxis to medications (non vaccines), insect stings, food or unknown triggers? Yes No

Clinical Notes

Patient having fever at 42 degrees.

Attending Clinician

Name of S3000601A

Professional Registration Number

M22222D

Screening Questionnaire

Please ensure patient is 12 years old and above.

1. Have you had a fever (Temperature ≥ 37.5°C) in the past 24 hours? Yes No

2. Any vaccination in the past 14 days? Yes No

3. Do you have any medical conditions causing severe immunocompromise? Yes No

4. Have you ever had any allergic reaction to previous dose of COVID-19 vaccine or any of its components? Yes No

5. Have you ever had allergic reactions to vaccines? Yes No

6. Are you on cancer treatment (immunotherapy/chemotherapy/radiotherapy) less than 3 months ago OR planned in the next 2 months? Yes No

7. Are you pregnant or suspect that you are pregnant (late menstrual period)? Yes No

8. Are you currently taking these medications or have these medical conditions? Yes No

9. Have you ever had severe allergy reaction or anaphylaxis to medications (non vaccines), insect stings, food or unknown triggers? Yes No

Vaccination Details

Defer Vaccine ? * No Yes

If deferred, state reason *

Fever

Acute respiratory infections

Generally unwell

Pregnancy

Immunosuppression

Platelet count abnormal

Allergy to vaccine product

History of drug-induced anaphylaxis

Multiple drug hypersensitivity syndrome

Toxic epidermal necrolysis due to drug

Stevens-Johnson syndrome

NSAID-induced anaphylactoid reaction

Others

Clinical Notes

Attending Clinician

Name of S3000601A

Professional Registration Number

M22222D

Vaccination Details

Defer Vaccine ? * No Yes

If deferred, state reason *

Fever

Acute respiratory infections

Generally unwell

Pregnancy

Immunosuppression

Platelet count abnormal

Allergy to vaccine product

History of drug-induced anaphylaxis

Multiple drug hypersensitivity syndrome

Toxic epidermal necrolysis due to drug

Stevens-Johnson syndrome

NSAID-induced anaphylactoid reaction

Others

Clinical Notes

Patient having fever at 42 degrees.

Attending Clinician

Name of S3000601A

Professional Registration Number

M22222D

Your Patients

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
02/08/2021 03:30 PM	S4074303J	Auto complete Job Testing	87126973	NIR-MHCP GP	Deferred			

Once saved, Work list will show status as "Deferred"

Vaccination



Vaccination



Patient Work List

Patient Risk Profile Swab Results ARI Reporting To-Do List COVID Vaccination Adverse Event/Allergic Reaction Report Clinic Settings

Clinic Demo Vaccination Center

NRIC / FIN / Passport No.

Patient's Full Name (as per NRIC / FIN / Passport)

Visit Date Range 28/07/2021 - 05/08/2021

Status

- Walk In (9)
- Screened (5)
- Select All
- Appointment (8)
- Observation (1)
- Registered (0)
- Discharged (71)
- Deferred (15)

Search

Filter status for Vaccination

Your Patients [Get Claim Status](#)

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
29/07/2021 04:50 PM	S7802139Z	other brand test	98954752	NIR-MHCP GP	Screened			
29/07/2021 04:52 PM	S5652476B	Otherb			Screened			

Click on the NRIC to navigate to proceed for vaccination

Vaccination



Work List -> Screening -> Vaccination – Eligible for Vaccination

The screenshot shows the 'Vaccination Details' form in the Synapxe system. The form includes fields for Patient's Particulars, CMIS Medical Alert, CMIS Adverse Drug Reaction/Drug Allergy, and Vaccination Details. The Vaccination Details section includes fields for Vaccinated (Yes/No), Vaccination Type (COVID-19), Product (PFIZER-BIONTECH-COVID-19 Vaccine), Batch Number, Route, Dosage Sequence, Dosage Amount (ml) (0.3), Vaccinated On (10/06/2021), Attending Clinician (Name of S3000601A), Professional Registration Number (M22222D), and Vaccination Notes. A 'Save' button is highlighted with a red box. A callout box shows a confirmation message: 'Kindly confirm the patient to be vaccinated is test nav - S8242001J'. Another callout box shows a confirmation message: 'Kindly confirm this patient is test nav - S8242001J before saving. Vaccination details cannot be edited once saved.' with 'Yes, save' and 'No, check again' buttons. Four callout boxes on the right show dropdown menus for Product, Batch Number, Route, and Dosage Sequence, with arrows pointing to the corresponding fields in the form.

Product

PFIZER-BIONTECH-COVID-19 Vaccine

PFIZER-BIONTECH-COVID-19 Vaccine

MODERNA COVID-19 Vaccine

Batch Number

Select

Select

001

EK4237

Route

Select

Select

Left Arm

Right Arm

Dosage Sequence

Select

Select

D1

D2

Save Time Chit Back

Kindly confirm this patient is **test nav - S8242001J** before saving.
Vaccination details cannot be edited once saved.

Yes, save No, check again

Vaccination



Work List -> Screening -> Vaccination – Not Eligible for Vaccination

MINISTRY OF HEALTH SINGAPORE

Patient Risk Profile Swab Results ARI Reporting To-Do List COVID Vaccination Adverac Event/Allergic Reaction Report Clinic Settings

Patient's Particulars

S8242001| test nav 14-Jul-1982, 39 Year(s) M

CMIS Medical Alert

Alert Name	Status	Report Date
	Request Timeout	

CMIS Adverse Drug Reaction/Drug Allergy Add

Drug Name	Type	Adverse Reaction	Probability	Status	Report Date
				Request Timeout	

Vaccination History

Last Visit Date	Product	Clinic Name
No Records Found		

Vaccination Details

Below information is required for immunisation submission

Vaccinated * Yes No

Rejection Reasons *

- Fever
- Acute respiratory infections
- Generally unwell
- Pregnancy
- Immunosuppression
- Platelet count abnormal
- Allergy to vaccine product
- History of drug-induced anaphylaxis
- Multiple drug hypersensitivity syndrome
- Toxic epidermal necrolysis due to drug
- Stevens-Johnson syndrome
- NSAID-induced anaphylactoid reaction
- Others
- Cancer treatment

Clinical Notes

Attending Clinician NIR-MHCP GP

Professional Registration Number M12005G

Save Time Out Back

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Vaccination Details

Below information is required for immunisation submission

Vaccinated * Yes No

Rejection Reasons *

- Fever
- Acute respiratory infections
- Generally unwell
- Pregnancy
- Immunosuppression
- Platelet count abnormal
- Allergy to vaccine product
- History of drug-induced anaphylaxis
- Multiple drug hypersensitivity syndrome
- Toxic epidermal necrolysis due to drug
- Stevens-Johnson syndrome
- NSAID-induced anaphylactoid reaction
- Others

Clinical Notes

Fever at 42degrees

Attending Clinician Name of S3000601A

Professional Registration Number M22222D

Save Time Out Back

Once saved, the vaccine detail will be sent to NIR

Vaccination Details

Below information is required for immunisation submission

Vaccinated * Yes No

Rejection Reasons *

- Fever
- Acute respiratory infections
- Generally unwell
- Pregnancy
- Immunosuppression
- Platelet count abnormal
- Allergy to vaccine product
- History of drug-induced anaphylaxis
- Multiple drug hypersensitivity syndrome
- Toxic epidermal necrolysis due to drug
- Stevens-Johnson syndrome
- NSAID-induced anaphylactoid reaction
- Others

Clinical Notes

[C1Admin_03] - [10-Jun-2021 03:14:10] Fever at 42degrees

Attending Clinician Name of S3000601A

Professional Registration Number M22222D

Close Time Out Back

Vaccination

Print Time Chit



Vaccination Details

Below information is required for immunisation submission

Vaccinated * Yes No

Rejection Reasons *

- Fever
- Acute respiratory infections
- Generally unwell
- Pregnancy
- Immunosuppression
- Platelet count abnormal
- Allergy to vaccine product
- History of drug-induced anaphylaxis
- Multiple drug hypersensitivity syndrome
- Toxic epidermal necrolysis due to drug
- Stevens-Johnson syndrome
- NSAID-induced anaphylactoid reaction
- Others

Clinical Notes

[C1Admin_03] - [10-Jun-2021 03:14:10]
Fever at 42degrees

Attending Clinician: Name of S3000601A

Professional Registration Number: M22222D

Buttons: Close, Time Chit, Back

Certificate of Attendance

Issue Date: 09/06/2021

Time: 05:17 pm to 06:18 am

Remarks:

Buttons: Print, Close, Add

Certificate of Attendance

Issue Date: 09/06/2021

Time: 07:17 pm to 08:17 pm

Remarks: Time Chit for Vaccine.

Buttons: Print, Close

MINISTRY OF HEALTH
NEWCASTLE CLINIC
541, ORCHARD ROAD
238861
Tel: 92305592

Certificate of Attendance

Date of Visit: 09-Jun-2021

This is to certify that

Name: John

NRIC: s1234567D

Has attended clinic on 09-Jun-2021 at time 07:17 PM and left at 08:17 PM.

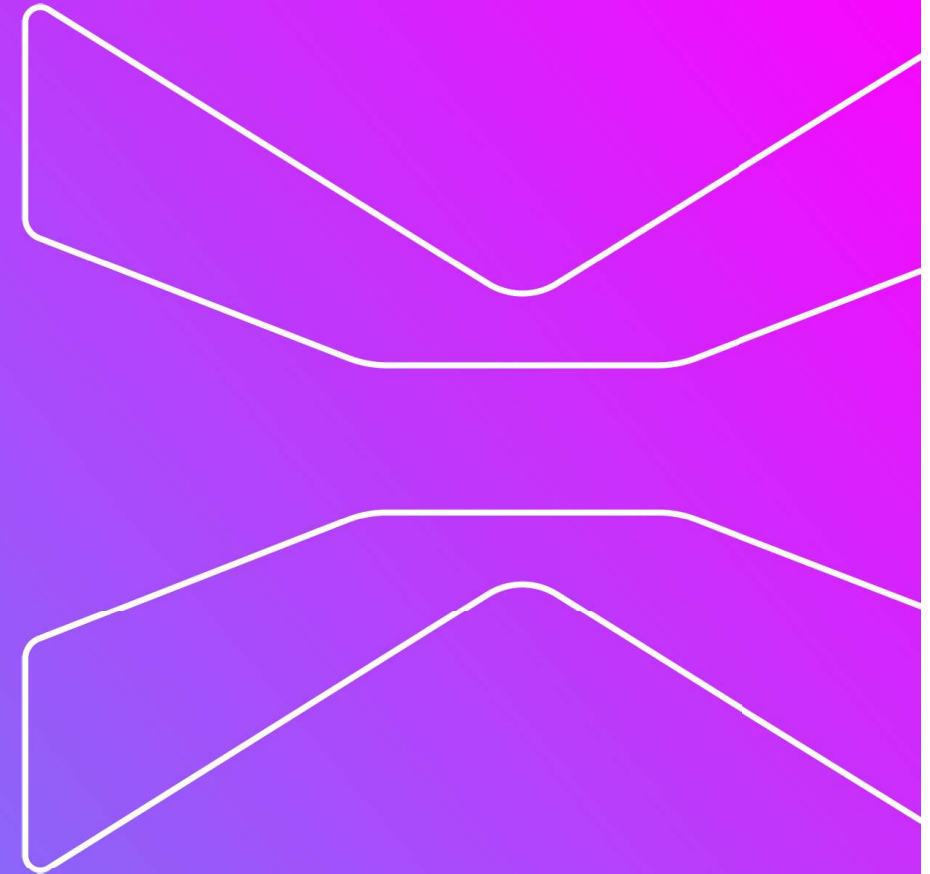
Remarks: Time Chit for Vaccine.

This is a computer generated form and signature is not required.

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Observation

(no more observation time interval required from 1st Mar 2024)



Observation



Patient Work List

Navigation tabs: Patient Risk Profile, Swab Results, ARI Reporting, To-Do List, **COVID Vaccination**, Adverse Event/Allergic Reaction Report, Clinic Settings

Clinic: Demo Vaccination Center

NRIC / FIN / Passport No. [Input field]

Patient's Full Name (as per NRIC / FIN / Passport) [Input field]

Visit Date Range: 01/08/2021 - 05/08/2021

Status filters:

- Walk In (6)
- Appointment (2)
- Registered (0)
- Screened (2)
- Observation (1)**
- Discharged (14)
- Deferred (5)
- Select All

[Filter status for Observation](#)

Your Patients

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
02/08/2021 01:30 PM	S5240885G	testeee	85555555	NIR-MHCP GP	Observation	05/08/2021 12:23 PM		No observation time required

Click on the NRIC to navigate to proceed for observation

Observation



Work List -> Screening -> Observation

Vaccination Details

Below information is required for immunisation submission

Vaccinated * Yes No

Vaccination Type * COVID-19

Product * MODERNA COVID-19 Vaccine (mRI)

Batch Number * 3001414

Route * Left Arm

Dosage Sequence * D1

Dosage Amount(ml) * 0.5

Vaccinated On * 16/07/2021

Attending Clinician NIR-MHCP GP

Professional Registration Number M12005G

Vaccination Notes test's 1@#5%^&*()<[>?][,;/_=-

Observation

Notes/Adverse Effects(if any)

[S8807511] - [16-Jul-2021 16:34:34] <ggggg>

[S8807511] - [16-Jul-2021 16:42:25] <test>

Close Vacc Card Time Chit Back

Navigation

Patient Risk Profile Swab Results ARI Reporting To-Do List COVID Vaccination Adverse Event/Allergic Reaction Report Clinic Settings

Form Fields

Clinic Demo Vaccination Center

NRIC / FIN / Passport No.

Patient's Full Name (as per NRIC / FIN / Passport)

Visit Date Range 01/08/2021 - 05/08/2021

Status Walk In (6) Appointment (2) Registered (0) Screened (2) Observation (1) Discharged (14) Deferred (5) Select All

Search

Your Patients

Get Claim Status

Visit Date & Time	NRIC / FIN / Passport No.	Name	Mobile No.	Reviewed By	Status	Observation End Time	MHCP Submission	Claim Status
01/08/2021 12:00 AM	58758618Z	rgrt	88888888	NIR-MHCP GP	Discharged	02/08/2021 11:00 AM	Submitted	Approved
				NIR-MHCP GP	Discharged	02/08/2021 11:33 AM	Submitted	Approved

Printed Card

Information about COVID-19 Vaccination

COVID-19 Vaccination Card

PERSONAL PARTICULARS

Appointment Date: 17 Jul 2021, Time: 09:30 PM, Place: Test Site very long name to test Clinic Staff.

COVID-19 Vaccination Record

Vaccine Dose	Vaccine Brand / Batch	Date of Vaccination	Place of Vaccination
01	MODERNA COVID-19 Vaccine (mRNA 127S) Injection / 3001414	16 Jul 2021	Demo Vaccination Center

After Vaccination Advice

Possible Side Effects

How to Manage

See a Doctor If

Patient is discharged.

Support



Support



Please email PRPP support at synapse.nps.l2o.operation@synapse.sg if you encounter any issues

End of Presentation

THANK YOU

