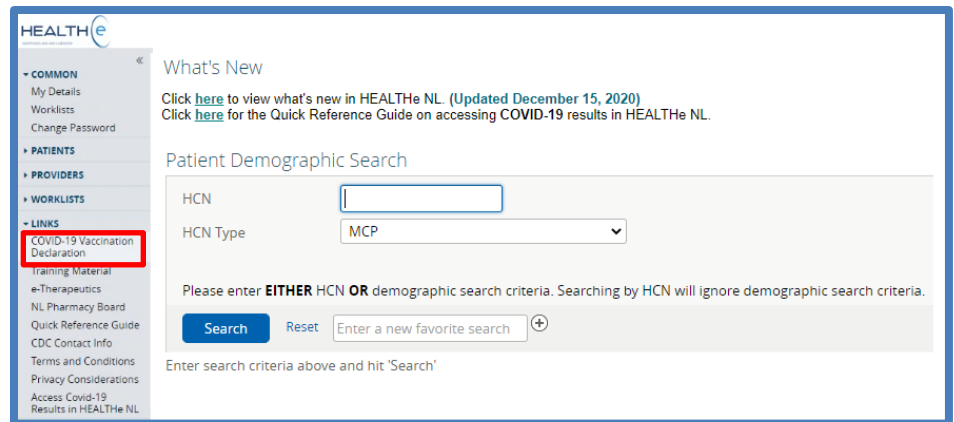


The 'COVID-19 Vaccine Declaration' form is accessible in HEALTHe NL. Please use this form to pre-register for your COVID-19 vaccine. Please also indicate if you are willing to become a COVID-19 Immunizer and hold COVID-19 vaccination clinics in your area of practice (if applicable).

Accessing the COVID-19 Vaccination Declaration Form

To access the 'COVID-19 Vaccination Declaration' form, complete the following steps:

- Login to HEALTHe NL.
- Click **LINKS** from the left side menu.
- Click **COVID-19 Vaccination Declaration**.



Filling Out the Form


In order for Public Health Representatives to plan for future vaccine clinics, please indicate whether you are a **Physician** or **Pharmacist** from the drop-down menu.

A screenshot of the 'COVID-19 Vaccine Declaration' form. At the top is the Newfoundland Labrador logo. Below it is a paragraph explaining the form's purpose: 'The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physicians and Pharmacists who are interested in becoming COVID-19 immunizers and who are interested in receiving the COVID-19 vaccine. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccination plan.' Under the heading 'Occupation Type', there is a dropdown menu with 'Select...' at the top, 'Physician', and 'Pharmacist' as options. The dropdown is highlighted with a red box. At the bottom of the form, there is a 'Support' button and a copyright notice: '© 2021 - COVID-19 Vaccination Declaration'.

Proceed to fill in the following demographic details and other pertinent information. For timely processing, ensure that all the information on the form is accurate. Once your information is provided, click the **Submit** button at the bottom of the screen.

Once submitted, this form will be sent to Public Health to begin the next phase of planning for the continued deployment of the Provincial COVID-19 vaccination plan.

Pharmacist:



The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physicians and Pharmacists who are interested in becoming COVID-19 immunizers and who are interested in receiving the COVID-19 vaccine. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccination plan.

Occupation Type
Pharmacist

Information

First Name First Name	Last Name Last Name	Middle Initial (Optional) Initial
Date of Birth Year Month Day	MCP (Format: 123456789123) MCP	
Registration Number Registration Number	Pharmacy Name Pharmacy Name	Regional Health Authority Please Select
Phone Number Phone Number	Phone Number Type Please Select	Province Newfoundland and Labrador
Email Address Email Address	Confirm Email Address Confirm Email Address	
Address Line (Street) Address	City/Town City	
Country Canada	Postal Code (A8A8A8) Postal Code	

Questions

Are you interested in being a COVID-19 immunizer? Select...

Do you want to receive the COVID-19 vaccine? Select...


I acknowledge and understand that with the submission of this form the Department of Health and Community Services or Public Health in your Regional Health Authority will contact you regarding the COVID-19 vaccination process.

Submit

Support

© 2021 - COVID-19 Vaccination Declaration

Physician:



The COVID-19 Vaccine Declaration is intended for Physicians and Pharmacists. This form will notify Public Health of those Physicians and Pharmacists who are interested in becoming COVID-19 immunizers and who are interested in receiving the COVID-19 vaccine. Please complete this form to indicate your intent to participate in the continued deployment of the Provincial COVID-19 vaccination plan.

Occupation Type
Physician

Information

First Name First Name	Last Name Last Name	Middle Initial (Optional) Initial
Date of Birth Year Month Day	MCP (Format: 123456789123) MCP	
License Number License Number	Medical Clinic Name Medical Clinic Name	Specialty (Optional) Specialty
Phone Number Phone Number	Phone Number Type Please Select	Regional Health Authority Please Select
Email Address Email Address	Confirm Email Address Confirm Email Address	Province Newfoundland and Labrador
Address Line (Street) Address	City/Town City	
Country Canada	Postal Code (A8A8A8) Postal Code	

Questions

Are you a Fee for Service or Salaried Physician? Select...

Are you interested in being a COVID-19 immunizer? Select...

Did you receive your first dose of the COVID-19 Vaccine? Select...

Will you hold COVID-19 vaccine clinics at your practice? Select...

Are you a MedAccess CDMR user? Select...

I acknowledge and understand that with the submission of this form the Department of Health and Community Services or Public Health in your Regional Health Authority will contact you regarding the COVID-19 vaccination process.

Submit