

Immunization Records System User Guide – TW Clients



The Immunization Records (IR) system is an online application that provides users, registration staff, and vaccinators with the ability to efficiently view and document COVID-19 vaccinations.

Helpful Links

Contractor Event Login:

<https://ir.totalwellnesshealth.com/records/auth/signin>

Event Contractors

Event contractors will be able to see view participant profiles, see participant appointments, review completed consent forms and document participant vaccinations.

Login

Step 1

Visit: <https://ir.totalwellnesshealth.com/records/auth/signin>

Company Code – Enter your company code

Password – Enter the company password

Step 2

Location – select from the dropdown

Access Code – varies depending on your location

Role – Select from the dropdown

Step 3

Registrar

Staff Name – Enter your name

Staff Title – Enter Title (RN, Volunteer, Client staff, etc.)

Vaccinator

Vaccinator's Name – Enter your name

Vaccinator's Title – Enter your title (RN, LPN, etc.)

Vaccine Name – Select from dropdown

Vaccine Lot Number – Enter lot number

Vaccine Expiration Date – Enter expiration date

Record Vaccination

Vaccine Information

Vaccine information is always available on the screen. Click Change User to switch vaccinators, to update a vaccine manufacturer and/or to update a vaccine lot number.

Vaccination Clinic Details
Location: Christ Community Church
Vaccinator: Nurse Jane (RN)
Vaccine: Moderna
Dose: 0.50
Lot Number: ABC123
Expiration: 06/2021

[Change User](#) [Sign Out](#)

Participant Search

Scan the participant's barcode or enter the participant's ID number and click search.

Create Vaccine Record

Search ID:

QR Code Scanner IDLE


[Request Camera Permissions](#)
[Scan an Image File](#)

[Search](#) [Clear](#)

Consent Review

Review the consent and add any applicable notes.

9. If female, are you currently breastfeeding?

10. Have you ever had a reaction to latex?

11. Are you immunocompromised or on a medication that affects your immune system?

12. Do you have a bleeding disorder or are you on a blood thinner/blood-thinning medication?

Consent Notes

Vaccine Details

Select the injection site, select the dose number and add any notes. Click Process to save the record.

Vaccine Details ▼

Injection Site

Shot Number

Vaccinator Notes

Confirmation Message

Saved vaccination record successfully! ✕

Profiles

Search Profiles

Use the search fields to find the participant's profile. Searching by ID is preferred. You do not have to use all of the search fields.

Search Profiles

First Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

View Profiles

Click View to see more details

Name	DOB	ID Code	Appt Date	Appt Time	
Joe Smith	01/01/1990	000049	03/03/2021	09:00 AM	<input type="button" value="View"/>

Profile Details

Use the tabs to view the participant's information.

-
-
-
-
-

Consent

Consent answers are color coded to help determine if the participant is a good candidate for the vaccine.

#	Question
1.	Have you received any other vaccinations in the last 14 days? <input type="button" value="Yes"/> <input type="button" value="No"/>
2.	Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days? <input type="button" value="Yes"/> <input type="button" value="No"/>
3.	Have you tested positive for and/or been diagnosed with COVID-19 infection within the last 10 days? <input type="button" value="Yes"/> <input type="button" value="No"/>
4.	Have you ever received a COVID-19 vaccination? <input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
5.	Do you have today or have you had at any time in the last 10 days a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? <input type="button" value="Yes"/> <input type="button" value="No"/>
6.	Have you had a severe allergic reaction (e.g. needed epinephrine or hospital care) to any vaccine? <input type="button" value="Yes"/> <input type="button" value="No"/>

Appointments

Appointment details can be verified using the Appointments tab.

Event	Location	Room Info	Service	Time	
COVID-19 Vaccination	Demo Location - 123 Main Street, Town, ST 00000	Follow signs when you arrive	COVID-19 Vaccination	3/3/2021 8:15:00 AM	Cancel

Records

Previous vaccinations recorded in the system will display under records.

Next shot due in: 26 days

Shot #	Date	Type	Manufacturer	Dosage	Lot Number	Injection Site	Admin By
1	02/24/2021 04:39 PM	COVID-19	Moderna	0.50	1234	Right Arm	Nurse Jane RN

Demographic

Participant demographic information can be updated using the Demographic tab.

Personal Info

Email

LisaJohnson@LJ.com

First Name *

Lisa

Last Name *

Johnson

Date of Birth *

01/01/1990

Phone Number *

123.456.7890

Sex *

Female

Race *

White

Ethnicity *

Hispanic or Latino

Occupation

-- Select --

Home Address

Address Line 1 *

123 Main Street

Adding a New Profile

Contractors have the ability to create a profile for participants who arrive without an ID code. From the Search Profiles Screen click Add Profile.

Search

Clear

Add Profile

Step 1 – Personal Information

Enter the participant's personal information.

1. Personal Info 2. Insurance 3. Consent 4. Account Info

Company Code
Douglas

First Name * **Last Name ***

Date of Birth * **Phone Number ***

Sex * **Race *** **Ethnicity ***

-- Select -- -- Select -- -- Select --

Step 2 – Insurance

Click Next to move through this tab or enter in insurance information if the Client is collecting insurance information.

Step 3 – Consent

Select the participant's answer to each question. Draw and Type options are available for the signature.

Consent Agreement

I have read or have had explained to me the information on this form about COVID-19 and COVID-19 vaccine. I have been provided with the most current Fact Sheet (12/2020) and had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the COVID-19 vaccine, including side effects, and request that the vaccine be given to me.

Question

1. Have you received any other vaccinations in the last 14 days?

2. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?

3. Have you tested positive for and/or been diagnosed with COVID-19 infection within the last 10 days?

4. Have you ever received a COVID-19 vaccination?

5. Do you have today or have you had at any time in the last 10 days a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea?

Full Name

I agree that this typed signature will be an electronic representation of my signature.

Step 4 - Account Info

Enter the participant's email if they have one. If they do not have an email click Finish. You do not have to enter a password to proceed.

1. Personal Info 2. Insurance 3. Consent 4. Account Info

Email Address *

Email Confirmation *

Passwords must be at least 8 characters, have at least one digit ('0'-'9') and at least one uppercase ('A'-'Z').

Password *

Password Confirmation *

Previous Finish

Participant ID Code

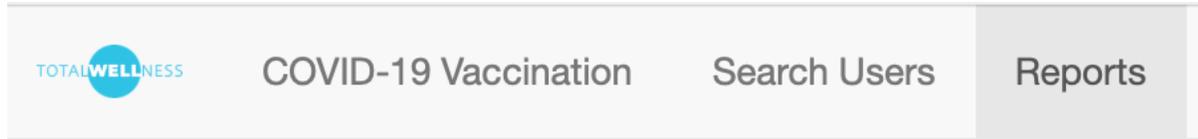
The participant's ID Code will display in a green banner at the top of the screen.

Profile created with ID of: 81 ✕

Location Reports

Daily Summary Reports provide a breakout of the vaccine utilized at an event.

Click on the Reports Tab



Select your location from the list and enter the clinic date.

Location Breakdown

Location

Date

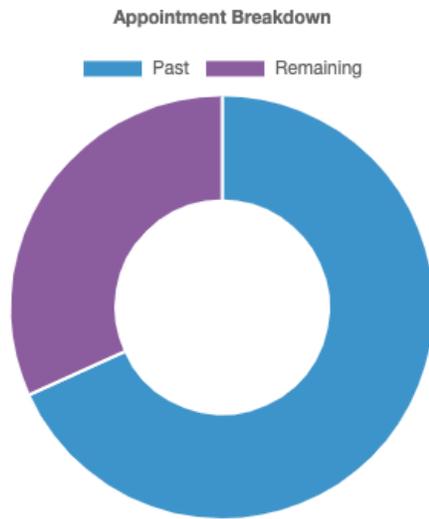
Export

A CVS report will be generated. The report will include the clinic location, clinic date, total shots administered, dose 1 vs. dose 2 quantities administered, and lot breakout.

Total # Admin	414
Date	3/8/21
Kroc Center	
Total # Admin	414
Pfizer-BioNtech	414
EN6205	412
EN6025	2
-----	-----
Dose 1	413
Pfizer-BioNtech	413
Dose 2	1
Pfizer-BioNtech	1

Analytics Reports provide information on the number of filled appointment, remaining appointments, and quantity of shots given. RegisterMyTime.com must be used for appointment scheduling for the Analytics Report to be accurate.

Filled Appointment Breakdown			
Total Filled: 1536	Past Filled: 1048	Remaining Filled: 488	Shots Given: 1033



Participant Experience

After making a vaccination appointment, participants will be directed to complete an online profile and consent in the IR system. The participant will receive an ID code once they've successfully created their profile. Participants can complete their profile onsite if they haven't done so prior to arriving at the event.

Step 1 – Personal Information

Immunization Account Registration

You must create an account before receiving your vaccination. Your account will allow you to complete your consent form, access your appointments, and view your vaccination history.

* Indicates a required field

The screenshot shows a registration form with four tabs: 1. Personal Info (active), 2. Insurance, 3. Consent, and 4. Account Info. The form contains the following fields:

- Company Code: Text input with "DOUGLAS" entered.
- First Name *: Text input.
- Last Name *: Text input.
- Date of Birth *: Text input.
- Phone Number *: Text input.
- Sex *: Dropdown menu with "-- Select --".
- Race *: Dropdown menu with "-- Select --".
- Ethnicity *: Dropdown menu with "-- Select --".

Step 2 – Insurance

Clients not collecting insurance can click through the insurance page. If a client is collecting insurance information participants enter the data on the insurance tab.

Step 3 – Consent

The screenshot shows a "Consent Agreement" section with the following text:

I have read or have had explained to me the information on this form about COVID-19 and COVID-19 vaccine. I have been provided with the most current Fact Sheet (12/2020) and had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the COVID-19 vaccine, including side effects, and request that the vaccine be given to me.

Question

1. Do you have today or have you had at any time in the last 10 days a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea?
 Yes No
2. Have you tested positive for and/or been diagnosed with COVID-19 infection within the last 10 days?
 Yes No
3. Have you had a severe allergic reaction (e.g. needed epinephrine or hospital care) to any vaccine?
 Yes No
4. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?
 Yes No

Step 4 – Account Info

1. Personal Info 2. Insurance 3. Consent 4. Account Info

Email Address *

Email Confirmation *

Passwords must be at least 8 characters, have at least one digit ('0'-'9') and at least one uppercase ('A'-'Z').

Password *

Password Confirmation *

[Previous](#) [Finish](#)

Welcome!



[Home](#) [Records](#) [Appointments](#) [FAQs](#)

[PROFILE](#) | [LOGOUT](#)

Welcome!

The TotalWellness Immunization Records System is where you can manage your immunization records, consent forms and insurance information.

Thank you for doing your part to get the COVID-19 pandemic under control.

[REVIEW CONSENT FORM](#)

ID Code

TotalWellness uses ID codes to help create a safe and easy way to get vaccinated. Each participant has a unique code, and you will need to have this code to receive a vaccine. You also should have received an email with the code.



Your ID Code



00000002

9320 H Court
Omaha NE 68127
402.543.4271 | IR@TOTALWELLNESSHEALTH.COM

Clinic Management
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Notifications

Participants receive a welcome email and text message with their ID code and a request to bring the ID code with to their vaccination appointment.

