



eVital Guide:

Electronic Birth Registration Module for Medical Facility Users

New York City Department of Health
and Mental Hygiene
Division of Epidemiology, Bureau of Vital Statistics

Table of Contents

1. Purpose.....	4
2. Scope.....	4
3. Logging in to and Navigating eVital.....	4
4. How Do I Create a New Birth Case?.....	19
5. Child.....	22
6. Mother/Parent Information	23
7. Mother/Parent Address	24
8. Mother/Parent Attributes	27
9. Mother/Parent Health	28
10. Paternity.....	30
11. Father/Parent Information	31
12. Father/Parent Birthplace	32
13. Father/Parent Attributes	32
14. Admission and Discharge	33
15. Place of Birth.....	35
16. Prenatal.....	35
17. Pregnancy Factors.....	38
18. Labor.....	39
19. Delivery	40
20. Newborn.....	42
21. Newborn Factors.....	44
22. Attendant/Certifier	45
23. Certify.....	47
24. Hearing Screening	50
25. Metabolic Screening.....	51
26. Preview Case	53
27. Documentary Evidence	53
28. Case Status History	57
29. Messages (Case).....	57
30. Registration Validations	58

31. Preview Work Copy..... 58

32. Request to Abandon/Void 59

33. Comments..... 61

34. Locating an Existing Birth Case 63

35. Plural Deliveries 65

1. Purpose

1. The eVital system allows users to electronically submit birth and death registrations with the New York City Health Department's Bureau of Vital Statistics (BVS).

2. Scope

1. This guide outlines the steps taken to register birth cases in eVital. You will also learn how to log in to and navigate the eVital application.

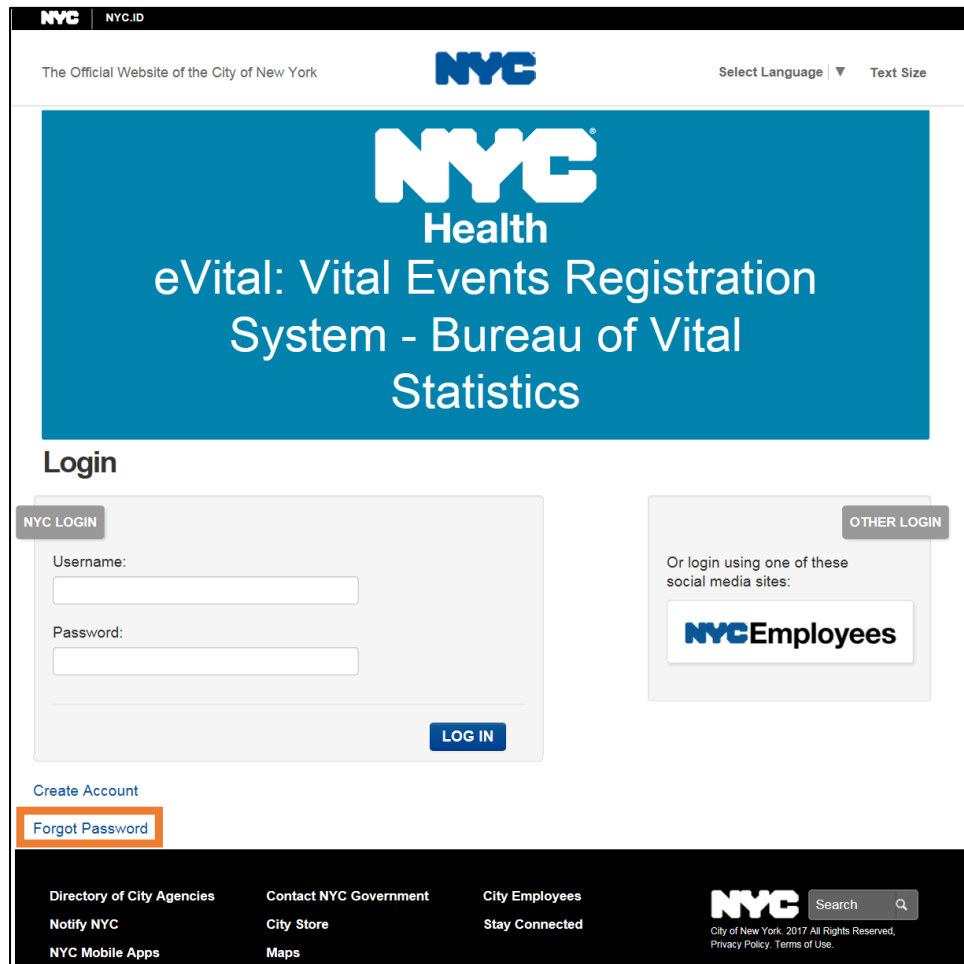
3. Logging in to and Navigating eVital

1. Logging In

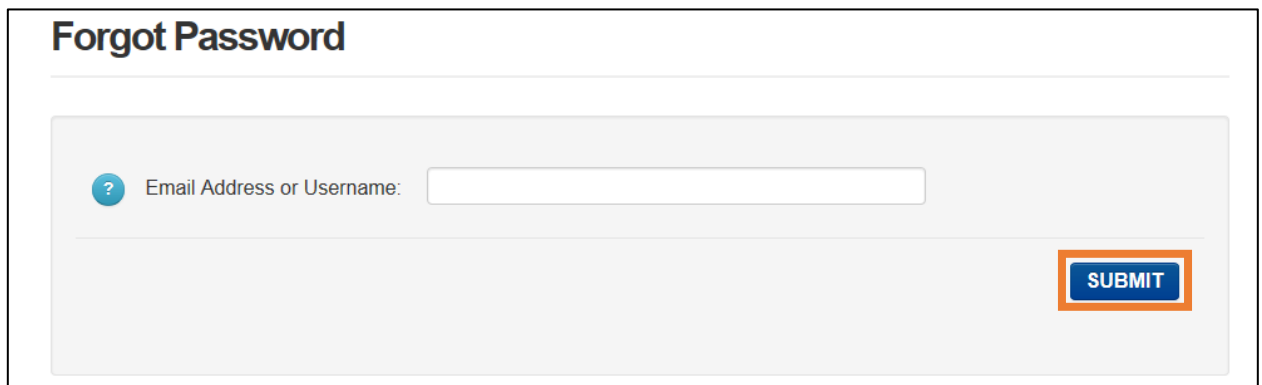
- a. To access eVital, open an Internet Explorer browser and type the following URL in the address bar: <https://a816-evital.nyc.gov/eVital>.
- b. Type your NYCID email address and password and click **LOG IN**.

The screenshot shows the login page for the NYC Health eVital system. At the top, there is a navigation bar with the NYC logo, the text 'The Official Website of the City of New York', and options for 'Select Language' and 'Text Size'. Below this is a large blue banner with the NYC Health logo and the text 'eVital: Vital Events Registration System - Bureau of Vital Statistics'. The main content area is titled 'Login' and contains two primary sections: 'NYC LOGIN' and 'OTHER LOGIN'. The 'NYC LOGIN' section has fields for 'Username:' and 'Password:', with a 'LOG IN' button below them. The 'OTHER LOGIN' section includes the text 'Or login using one of these social media sites:' and a button for 'NYCEmployees'. At the bottom of the login area, there are links for 'Create Account' and 'Forgot Password'. The footer contains a grid of links: 'Directory of City Agencies', 'Contact NYC Government', 'City Employees', 'Notify NYC', 'City Store', 'Stay Connected', and 'NYC Mobile Apps', along with a search bar and the NYC logo with the text 'City of New York. 2017 All Rights Reserved. Privacy Policy. Terms of Use.'

- c. If you forgot your password, click the **Forgot Password** link located in the bottom left-hand corner.



- d. Type the email address you used to sign up with eVital. Click **Submit**.



- e. You may reset your password by email or by answering the security questions associated with your account. Choose the desired option. If you chose **Reset via email**, click **Continue** and proceed to Step g. If you chose **Reset via security questions**, proceed to Step h.

Reset Password: amyevers12@gmail.com

Reset via email

Reset via security questions

Click "Continue" below to receive an email with instructions on how to reset your password.

CONTINUE

- f. You will receive the following message. Log in to your email account for step-by-step instructions to continue changing your password.

Check Your Email

An email has been sent to the email address provided. Follow the instructions in the email to reset your password. If you have not received the email, check your spam/junk folder.

CONTINUE

- g. Type the answers to your security questions, then select **Continue**. Follow the remaining instructions to continue changing your password.

What is the name of your first pet?

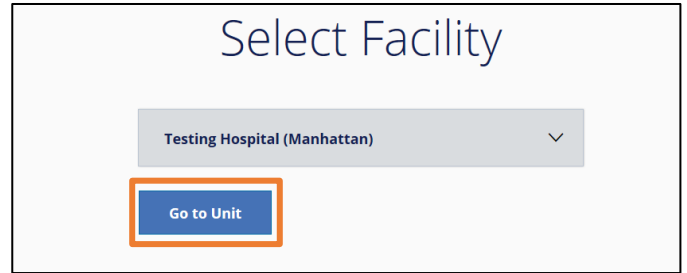
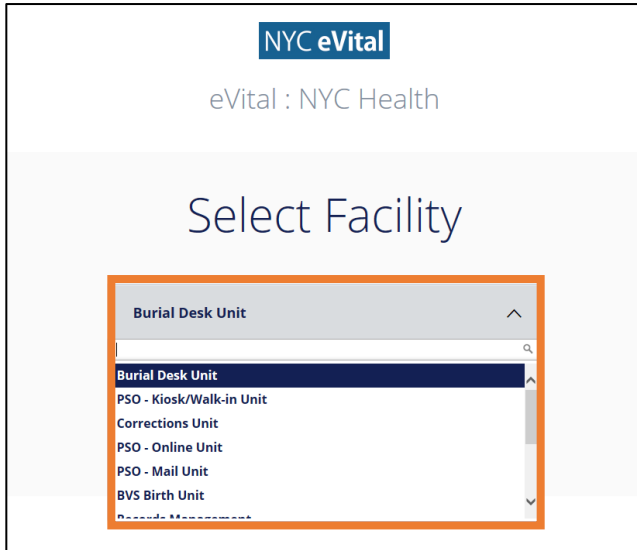
What is your favorite cartoon character?

Display Answers: Show Hide

CONTINUE

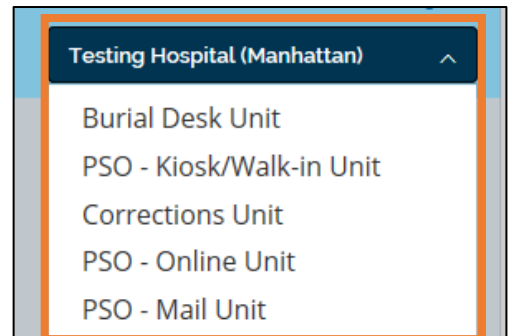
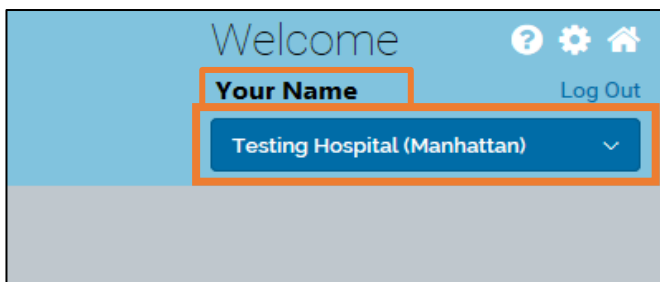
2. Selecting a Facility

- a. If you are only associated with one facility, you will be taken directly to the **eVital Dashboard**.
- b. If you are associated with multiple facilities you will need to select the desired facility from the **Select Facility** drop-down list and then click **Go to Unit**.



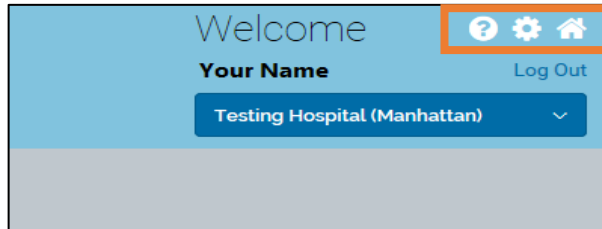
3. The eVital Dashboard

- a. The **eVital Dashboard**, also called the home page, displays your name, the name of your current facility and a drop-down menu.
- b. If you click the drop-down menu, a list of your available facilities will appear.



c. There are three icons located in the upper right-hand corner of the **eVital Dashboard: Help, My Profile** and **Home**.

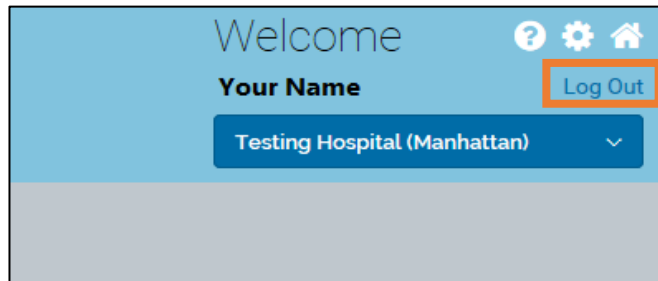
- **Help** – Click this icon to search for answers to eVital questions.
- **My Profile** – Click this icon to view personal information, such as your email address.
- **Home** – Click this icon to return to the **eVital Dashboard**.



Note: Click the **NYC Health** icon at the top of any screen to return to the **eVital Dashboard**.



d. Also located on the upper right-hand corner of the **eVital Dashboard** is the **Log Out** feature. When you are done using the application, you can log out by clicking this link.



e. There is a black bar across the top of the **eVital Dashboard** with a **Profile** link in the right-hand corner. Click the **Profile** link to access and make changes to your NYCID profile.



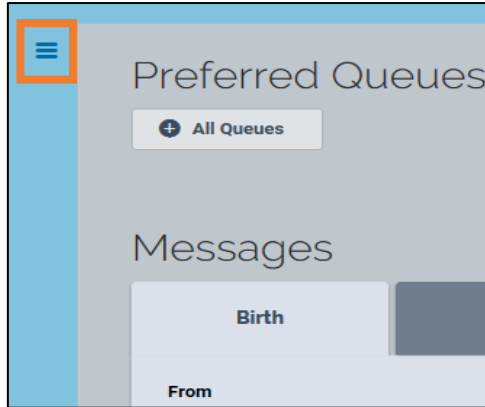
- f. On the **Profile** screen, you can change your email address and password, update your name, view your security questions or deactivate your account. To change your email address, type your new email address in the first field and then type it again in the second field to confirm. Click **Save Changes**.

The screenshot shows the 'Profile' screen with the 'EMAIL ADDRESS' tab selected. The form contains two input fields: 'New Email Address' and 'Confirm New Email Address'. A 'SAVE CHANGES' button is highlighted with an orange box.

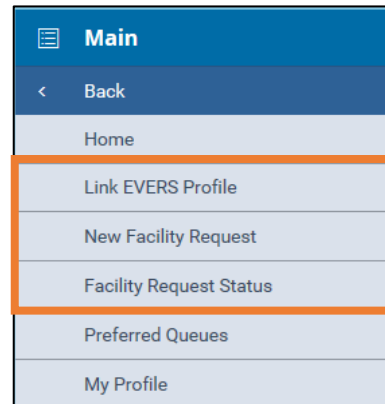
- g. You can make additional changes to your profile by selecting the **Password, Name, Security Questions** and **Deactivate** tabs. Click **Save Changes** to return to the dashboard.

The screenshot shows the 'Profile' screen with the 'PASSWORD' tab selected. The form contains three input fields: 'Current Password', 'New Password', and 'Confirm New Password'. A 'SAVE CHANGES' button is highlighted with an orange box.

- h. On the **eVital Dashboard**, you can navigate to different areas of the application by clicking the **menu icon** located on the left-hand side of the page.



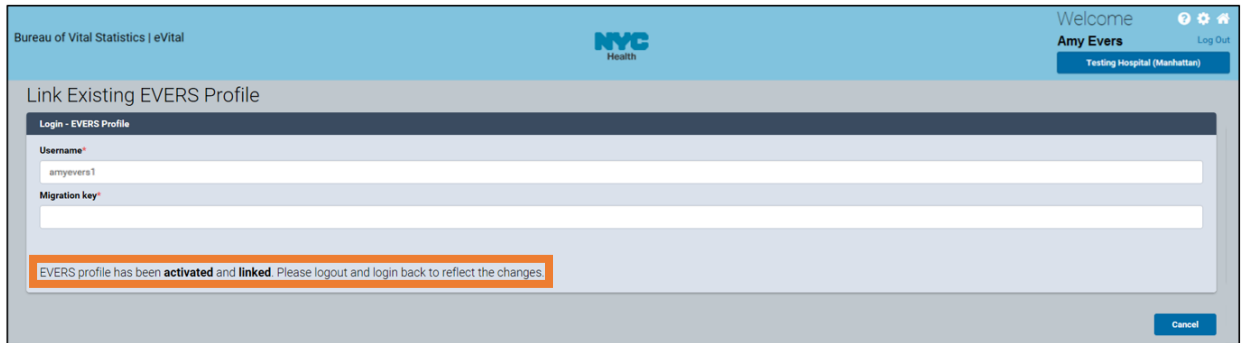
- i. After clicking on the **menu icon**, the **All Categories** menu will open. Click **Main** to open the main menu. Available options include **Link EVERS Profile**, **New Facility Request** and **Facility Request Status**.



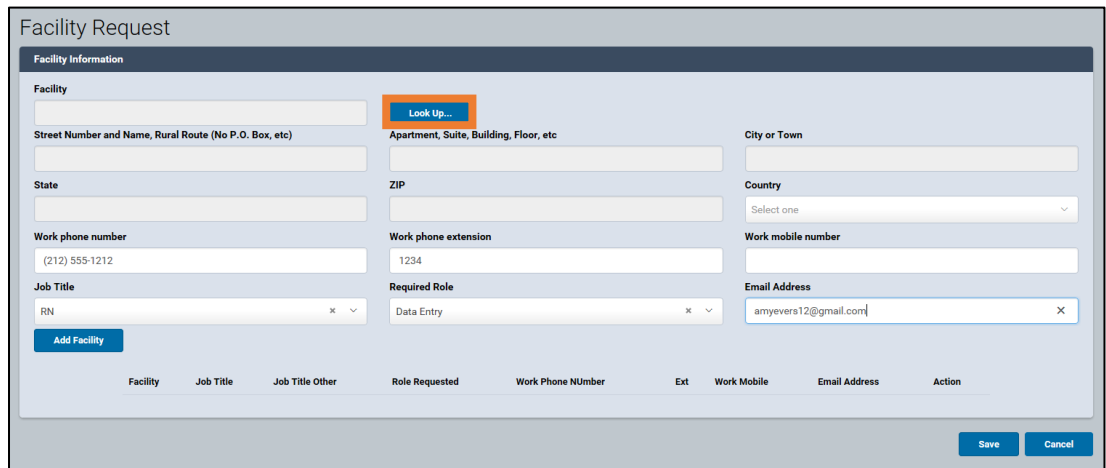
- j. To link an existing EVERS profile to your eVital profile, select **Link EVERS Profile**. Type your **EVERS Username** and **Migration Key**, then click **Validate and Link Account**.



- k. A message stating that the profile has been linked will appear.

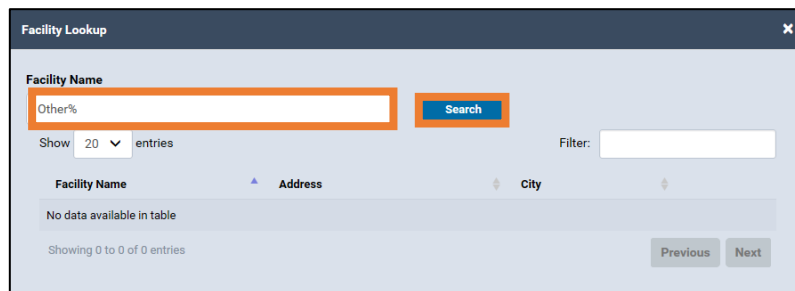


- l. To add a new facility to your profile, select **New Facility Request** from the main menu. Click the **Look Up...** button to search for the new facility.



- m. Type the **Facility Name** and click **Search** or type the first three characters of the facility name followed by a percent sign (%).

Note: The percent sign (%) can be used as a wildcard, substituting for any characters at the beginning, middle or end of names.



- n. Click **Select** to select the facility.

The screenshot shows a 'Facility Lookup' window. At the top, there is a search bar containing 'Other%' and a 'Search' button. Below the search bar, it says 'Show 20 entries' and 'Filter:'. A table lists two facilities:

Facility Name	Address	City	Action
Other Medical Facility	124 Worth St	New York	Select
Other Funeral Home	5628 Broadway	New York	Select

At the bottom, it says 'Showing 0 to 0 of 0 entries' and has 'Previous' and 'Next' buttons.

- o. The **Facility Information** will appear in the **Facility Request** window. Click **Add Facility**.

The screenshot shows a 'Facility Request' window with a 'Facility Information' section. The form contains the following fields:

- Facility:** Other Medical Facility
- Street Number and Name, Rural Route (No P.O. Box, etc):** 124 Worth St
- State:** NY
- Work phone number:** (212) 555-1212
- Job Title:** RN
- Look Up...:** (button)
- Apartment, Suite, Building, Floor, etc:** Ste 600
- ZIP:** 10013-4025
- Work phone extension:** 1234
- Required Role:** Data Entry
- City or Town:** New York
- Country:** Select one
- Work mobile number:** (empty)
- Email Address:** amyevers12@gmail.com

At the bottom left of the form is an 'Add Facility' button. Below the form is a table with columns: Facility, Job Title, Job Title Other, Role Requested, Work Phone Number, Ext, Work Mobile, Email Address, and Action. At the bottom right are 'Save' and 'Cancel' buttons.

- p. The facility information will appear at the bottom of the window. Click **Save**.

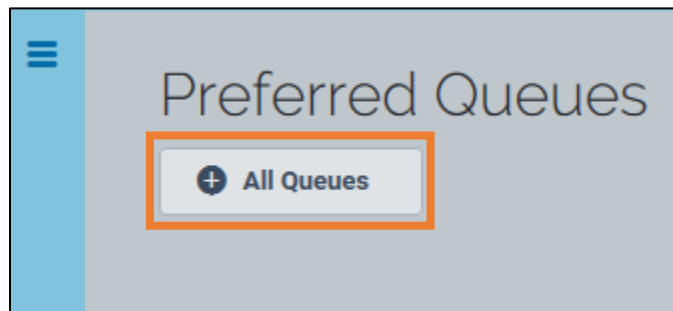
Facility	Job Title	Job Title Other	Role Requested	Work Phone Number	Ext	Work Mobile	Email Address	Action
Other Medical Facility	RN		Data Entry	2125551212	1234		amyeyers12@gmail.com	✖

- q. The **User Facility** information will appear. The **Status** will be **Pending** until the Facility Administrator approves the request. eVital users can cancel the request by clicking **Cancel Request** and view requests by selecting **Facility Request Status** from the main menu.

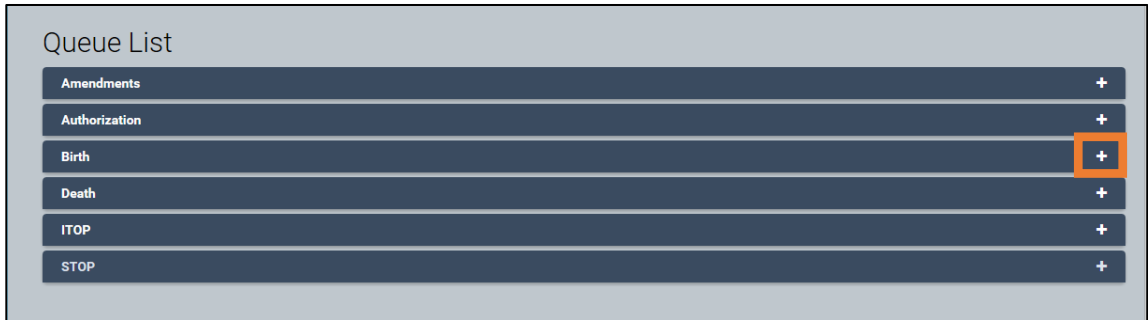
Facility	Job Title	Role Requested	Status
Testing Hospital (Manhattan)	RN	Data Entry	Approved
Other Medical Facility	RN	Data Entry	Pending Cancel Request

4. Queues

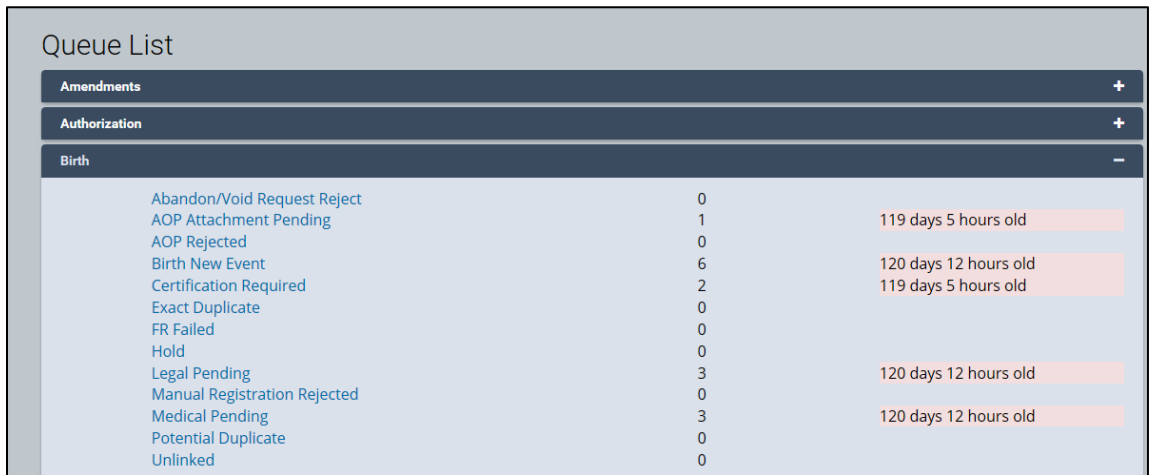
- a. Near the **menu icon** on the **eVital Dashboard** is an **All Queues** button.



- b. Clicking the **All Queues** button will open the **Queue List**. This list is categorized by module. The modules are based on the roles assigned to you in your facility profile.

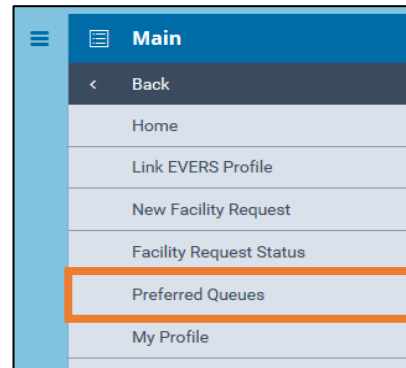
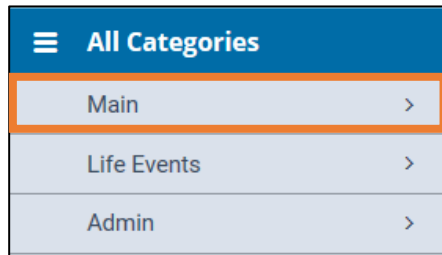


- c. Clicking the plus sign (+) next to the module name will expand the list and display queues associated with the module. Each queue has a count of the number of cases that require attention. If a queue has a zero (0) next to it, there are no cases in that queue and nothing that needs to be addressed. Click the queue name to see the actual cases in the queue.

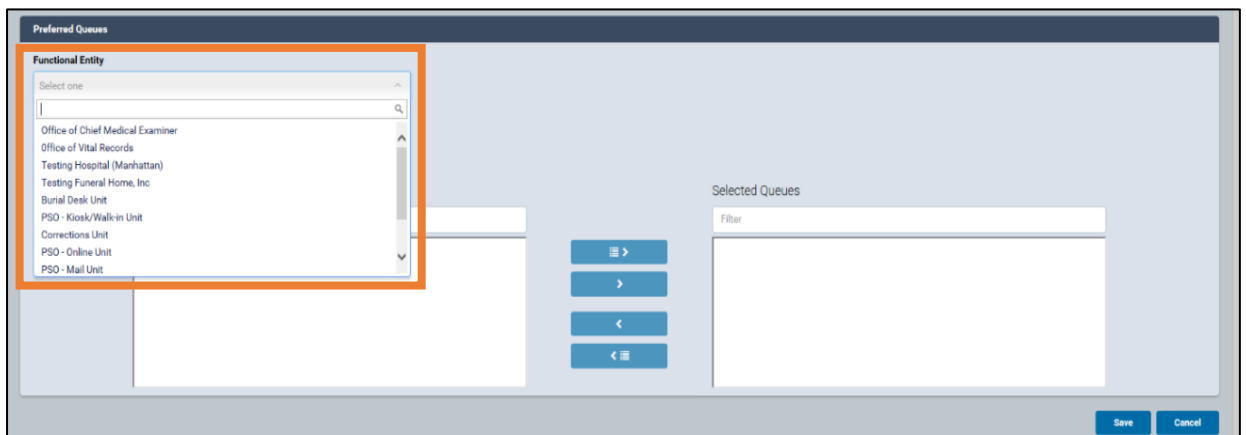


5. Preferred Queues

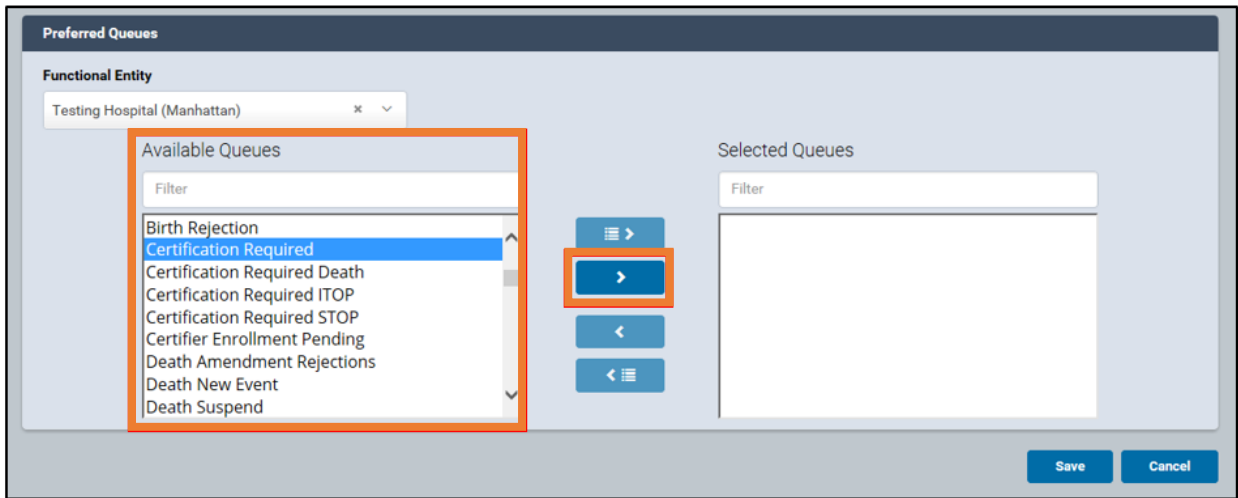
- a. If you frequently use certain queues, you can choose to add them as **Preferred Queues**. To set up your **Preferred Queues**, go to your **eVital Dashboard**, click the **menu icon**, select **Main** and then select **Preferred Queues**.



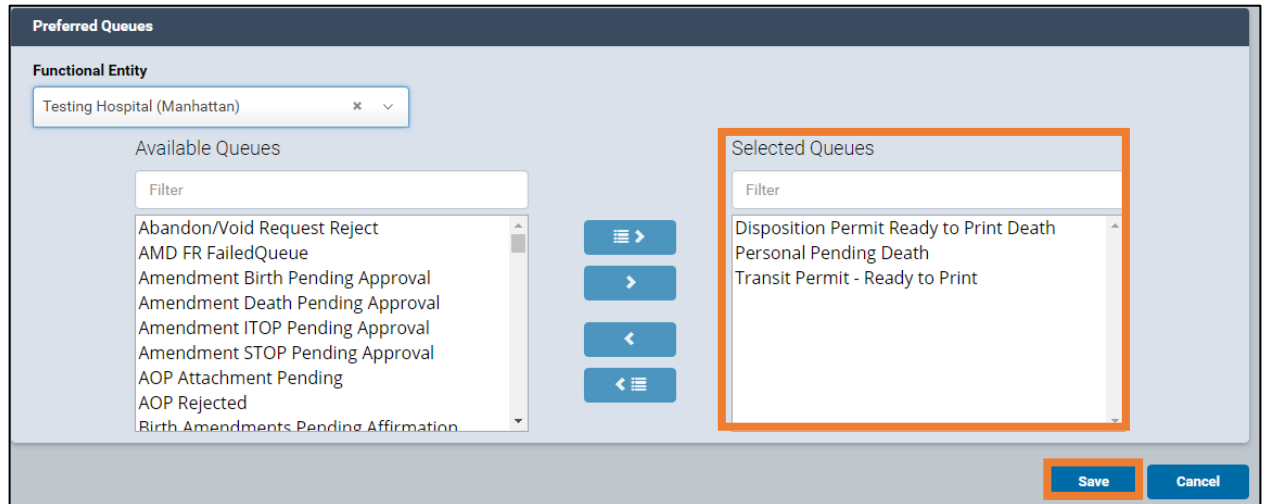
- b. Select your facility from the **Functional Entity** drop-down list.



- c. A list of available queues will appear. To move a queue to the **Selected Queues** window, click the desired queue name and click the right arrow (>). You can include up to seven queues as **Preferred Queues**.



- d. Once the desired queues are listed in the **Selected Queues** window, click **Save**.

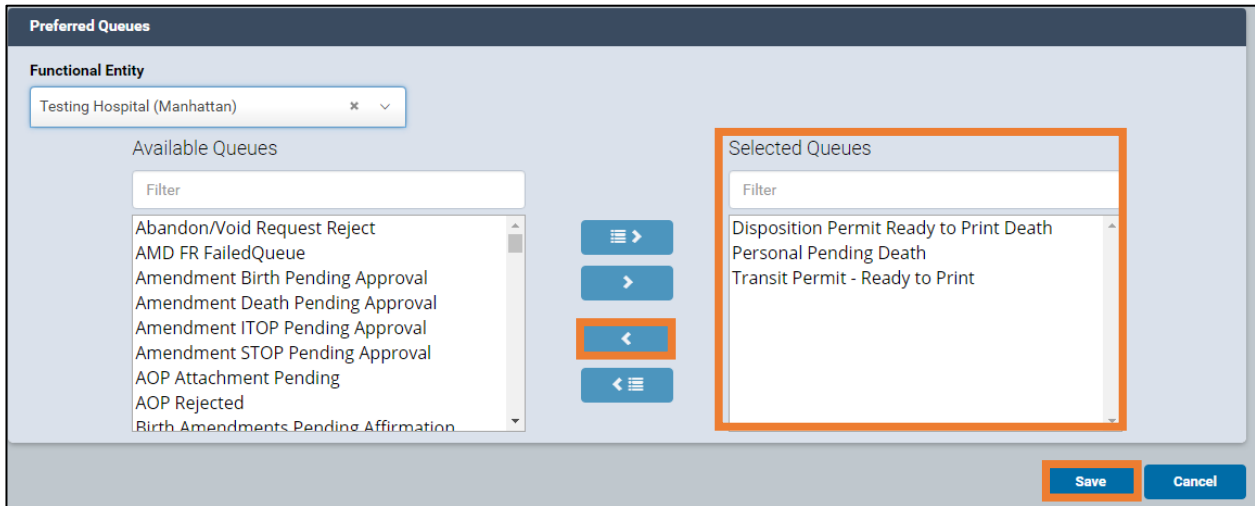


- e. The selected queues will appear on your **eVital Dashboard**.

Note: Queues are color coded as follows:
Blue: Contains items less than **10** days old.
Orange: Contains items **10 to 24** days old.
Red: Contains items **25** days old or older.

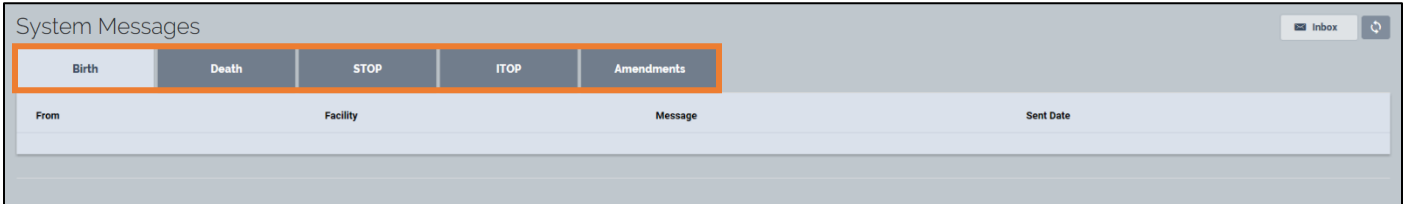


- f. To remove a **Preferred Queue** from your **eVital Dashboard**, click the desired queue from the **Selected Queues** window and then click the left arrow (<) to move it back to the **Available Queues** window. Then click **Save**.

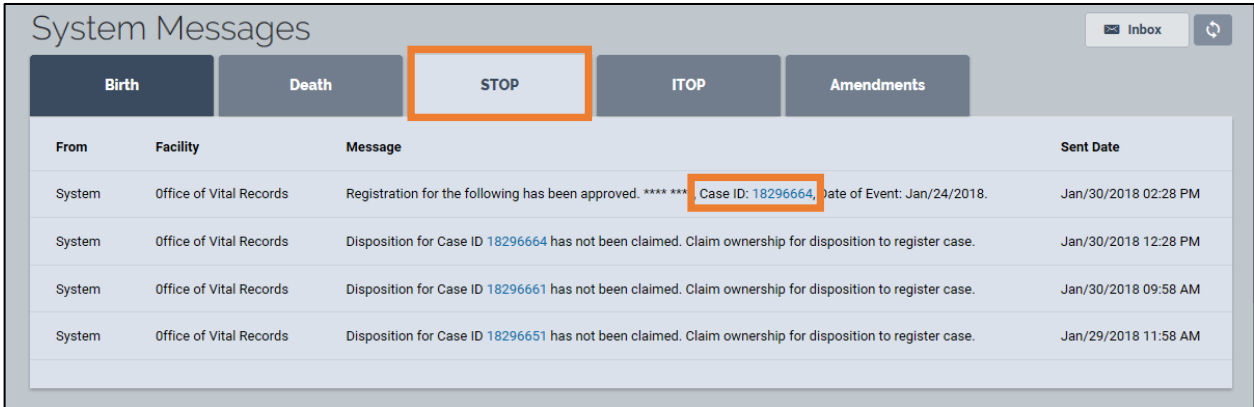


6. System Messages

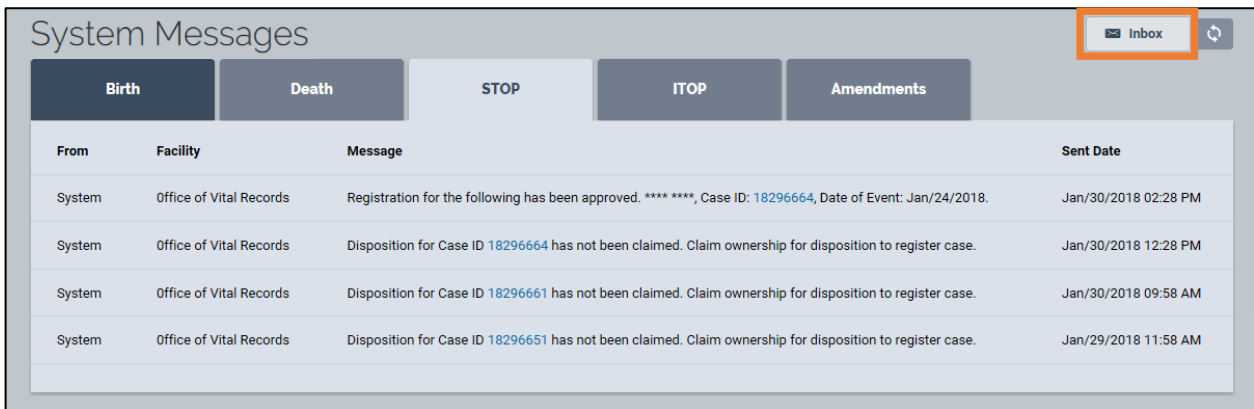
- a. **System Messages** are displayed in tabs on the eVital home page. System message tabs are grouped by module (**Birth, Death, STOP, ITOP** and **Amendments**) and correspond to the roles you are assigned within your current facility.



- b. Click a tab to see the associated messages. Click the **Case ID** link to view an entry in detail.

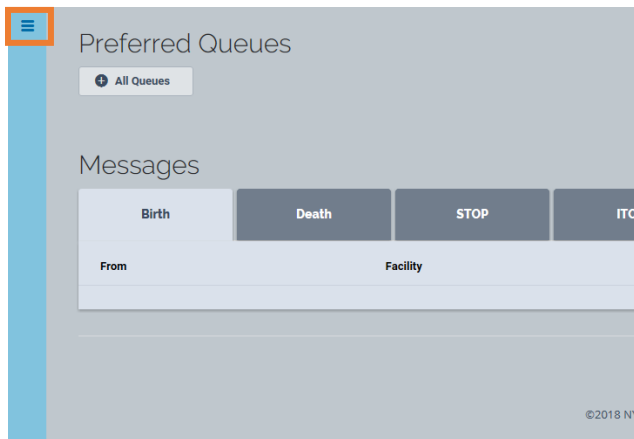


- c. System messages can also be viewed by clicking the **Inbox** button.

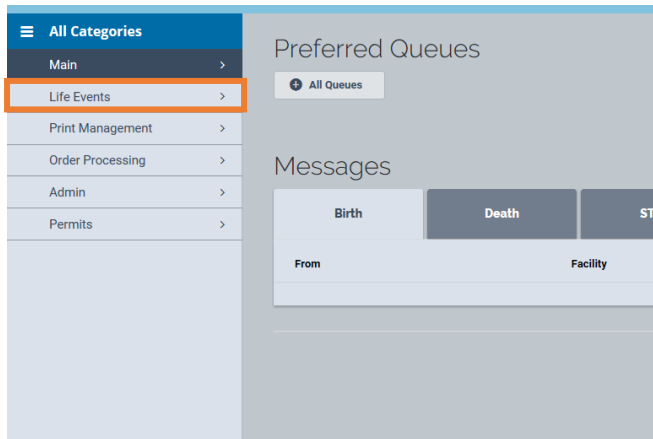


4. How Do I Create a New Birth Case?

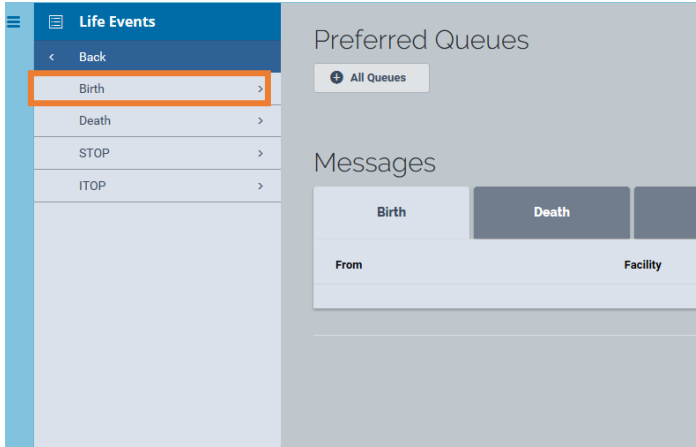
1. From the **eVital Dashboard**, click the **menu icon** to the left of **Preferred Queues**.



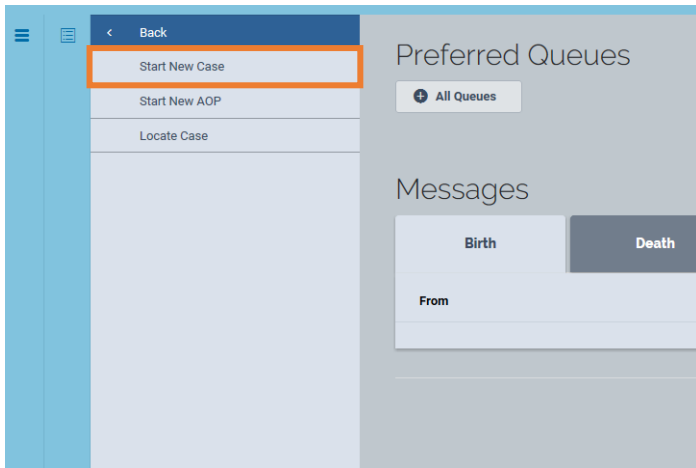
2. In the **All Categories** menu, select **Life Events**.



3. In the **Life Events** menu, select **Birth**.



4. In the **Birth** menu, select **Start New Case**.



5. When the **Start New Birth Case** form opens, the **Foundling Baby** field will default to **No** and should remain that way. Type the date or click the **calendar icon** and select the **Date of Child's Birth**. Next, select the **Sex** from the drop-down list (**Male, Female, Undetermined, Unknown or Intersex**).

A screenshot of the "Start new Birth Case" form. The form is titled "Start new Birth Case" and has a blue header bar. The "Foundling Baby" field is a dropdown menu with "No" selected. The "Date of Child's Birth" field contains "Feb-05-2018" and has a calendar icon. The "Sex" field is a dropdown menu with "Male" selected. Below these fields are several other input fields: "Child's Last Name" (Smith), "Child's Medical Record Number" (1234567), "Mother's Medical Record Number" (7654321), "Mother's Maiden Last Name (Prior to first marriage)" (Daniels), "Confirm Child's Medical Record" (1234567), and "Confirm Mother's Medical Record Number" (7654321). A blue "Search" button is located at the bottom right of the form.

- 6. Type the **Child’s Last Name** and the **Mother’s Maiden Last Name (Prior to First Marriage)** in the corresponding fields. Type the **Child’s Medical Record Number** and then retype the **record number** in the **Confirm Child’s Medical Record** field. Type the **Mother’s Medical Record Number** in the corresponding field. When you have completed all the fields, click **Search**.

The screenshot shows a web form titled "Start new Birth Case". The form contains several input fields: "Founding Baby" (dropdown menu set to "No"), "Date of Child's Birth" (calendar icon, value: Feb-05-2018), "Sex" (dropdown menu set to "Male"), "Child's Last Name" (text input: Smith), "Mother's Maiden Last Name (Prior to first marriage)" (text input: Daniels), "Child's Medical Record Number" (text input: 1234567), "Confirm Child's Medical Record" (text input: 1234567), "Mother's Medical Record Number" (text input: 7654321), and "Confirm Mother's Medical Record Number" (text input: 7654321). A blue "Search" button is located at the bottom right of the form.

- 7. If the case information is new, a notice will appear stating “There are no cases that match the criteria you have entered.” Click the **Create New Case** button to create a new registration case.

Note: If you receive a duplicate case notice, refer to the guide titled “How Do I Report a Duplicate Birth Case in eVital?”

The screenshot shows the same "Start new Birth Case" form, but the input fields are empty. A light blue message box at the top of the form area contains the text: "There are no cases that match the criteria you have entered." To the right of the message box, there are two buttons: a blue "Search" button and a blue "Create New Case" button with a plus icon. The "Create New Case" button is highlighted with an orange border.

5. Child

1. After selecting **Create New Case**, the **Child** form will appear under **Parent Information**. The fields for last name, date of birth and sex will automatically populate with the information you previously entered. Type the child's **First** name and **Middle** name, if applicable, in the corresponding fields.

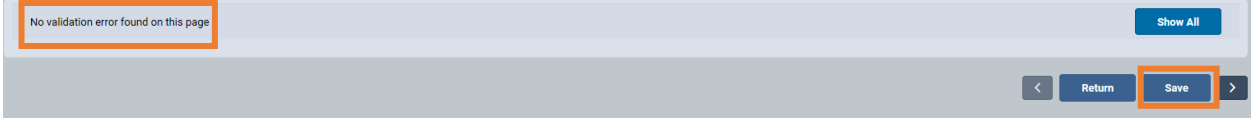
Note: The **Middle** name, **Other Middle** and **Suffix** fields are not required.

2. Complete the **Time of Birth** field. In the **Has Mother Approved Assignment of SSN for Child?** field, select **Yes**, **No** or **Unknown** from the drop-down list. In the **Number Delivered in This Pregnancy** field, select the appropriate number from the drop-down list. In the **Is Infant Living at Time of Report?** field, select **Yes** or **No** from the drop-down list.

Note: Refer to section 35 for information on how to enter a plural delivery

3. In the **If Birth Occurred in Hospital, Has Mother Transferred in Before Giving Birth?** field, select **Yes**, **No** or **Unknown** from the drop-down list. In the **Infant Transferred** field, select the appropriate response from the drop-down list.

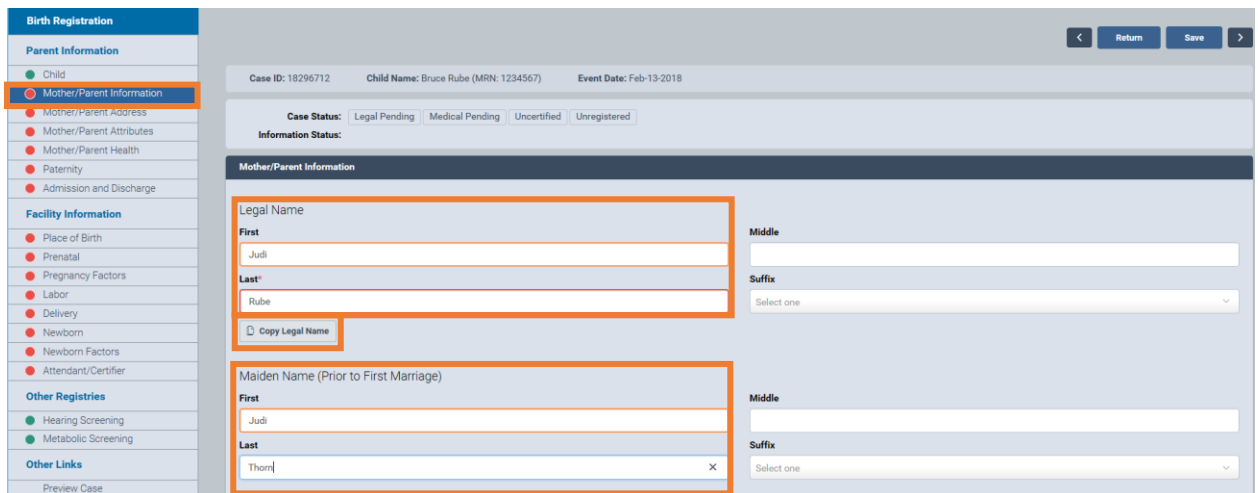
4. Click **Save**. If all the fields contain valid information, a “No Validation Error Found on This Page” notice will appear, while a **green dot** appears next to the **Child** tab.



Note: If you receive a validation error notice, review and correct the information. There are two types of errors: hard edits appear in red and must be corrected to sign the certificate. Soft edits appear in orange and must be overridden to sign the certificate. To override soft edits, select the check box in the **Override** column, and click the **Save Overrides** button.

6. Mother/Parent Information

1. Under **Parent Information**, select the **Mother/Parent Information** tab. When the Mother/Parent form appears, type the mother/parent **Legal Name – First, Middle, Last and Suffix** (if applicable) and the mother/parent **Maiden Name (Prior to First Marriage)**. Use the **Copy Legal Name** button if the mother/parent current **Legal Name** is the same as the **Maiden Name**.



2. Type the **Mother/Parent’s Date of Birth (Month, Day and Year)**, **Age** and **Sex**. In the **SSN** field, select **Available**, **Unknown** or **None**. If you select **Available**, the **SSN Value** field will appear for you to type the number.

3. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Mother/Parent Information** tab.

7. Mother/Parent Address

1. Under **Parent Information**, select the **Mother/Parent Address** tab. When the **Mother/Parent Address** form appears, select the mother/parent **Birth Country** from the drop-down list. If you select **United States**, the **Birthplace City or Town** and **Birthplace State/U.S. Territory** fields will appear. Type the city or town in the corresponding field and select the state from the drop-down list.

- Next, complete the **Residence Address** information and click the **Verify Address** button.

Residence Address

Street Number and Name, Rural Route (No P.O. Box, etc)*
7 E. 14th Street

Apartment, Suite, Building, Floor, etc
720

City or Town
Manhattan

County
Manhattan

State*
New York

Country*
United States

Zip Code
10003

Unverified **Verify Address**

- In the **Matched Address** form, choose the correct address and click **Select**.

Matched Address

Match Found

Select	Address Line1	Address Line2	City	State	Zip Code	County
<input checked="" type="radio"/>	7 E 14th St	Apt 720	New York	NY	10003-3126	New York

Select **Cancel**

Status: Legal Pending Medical Pending Uncertified Unregistered

- In the **Residence Address** section, confirm there is a **green button** titled **Verified** with a check mark next to it before proceeding.

Residence Address

Street Number and Name, Rural Route (No P.O. Box, etc)*
7 E 14th St

Apartment, Suite, Building, Floor, etc
Apt 720

City or Town
New York

County
New York

State*
NY

Country*
United States

Zip Code
10003-3126

Verified **Verify Address**

- The **Inside City Limits** field will automatically populate based on the **Resident Address**. Complete the **Mailing Address** fields.

Note: Check the **Mailing Address Same as Residence** box if the two addresses are the same. The address information will appear.

Inside City Limits*

Yes

Mailing Address

Mailing Address Same As Residence

In Care Of

Street Number and Name, Rural Route (No P.O. Box, etc)

7 E 14th St

Apartment, Suite, Building, Floor, etc

Apt 720

City or Town

New York

County

New York

State

NY

Country

United States

Zip Code

10003-3126

- In the **Contact Details** section, complete the **Daytime Telephone Number** field. If the daytime and evening numbers are the same, check the box and the information will appear. Otherwise, complete the **Evening Telephone Number** field.

Contact Details

Daytime Telephone Number

(646) 632-6870

Extension

Evening Same As Daytime Telephone Number

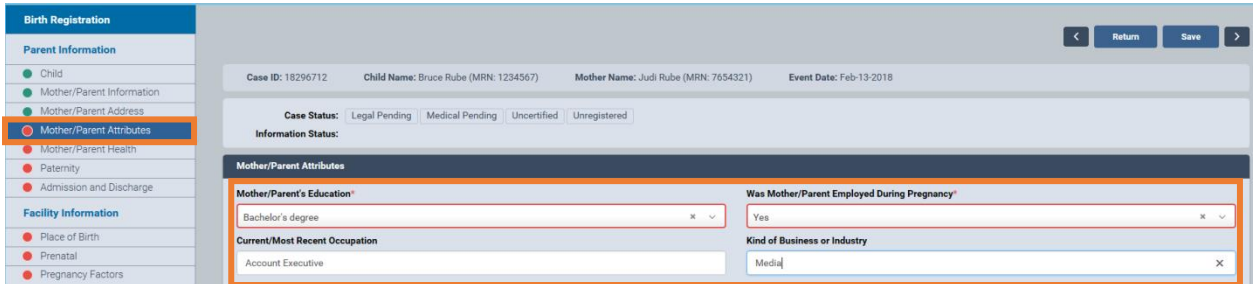
Evening Telephone Number

(646) 632-6870

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Mother/Parent Address** tab.

8. Mother/Parent Attributes

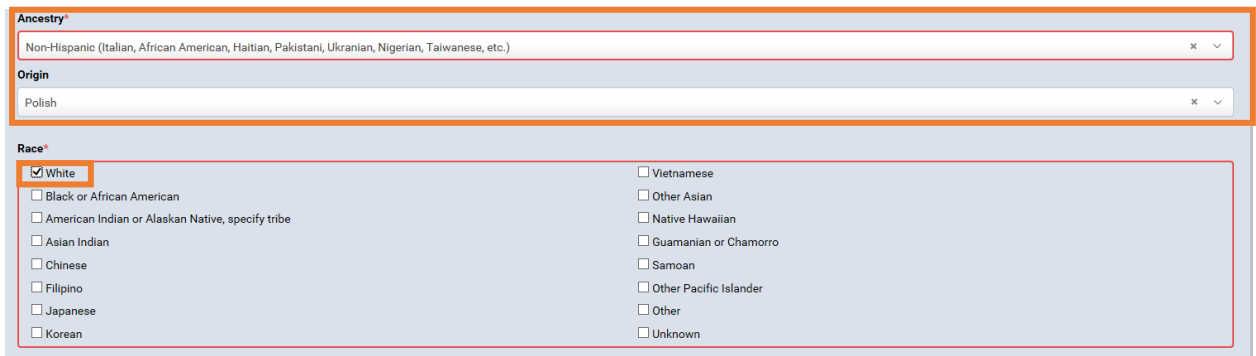
- Under **Parent Information**, select the **Mother/Parent Attributes** tab and type the **Mother/Parent's Education** and **Occupation** information in the corresponding fields.



The screenshot shows the 'Birth Registration' interface. On the left is a sidebar with 'Parent Information' selected, and 'Mother/Parent Attributes' highlighted. The main area shows case details: Case ID: 18296712, Child Name: Bruce Rube (MRN: 1234567), Mother Name: Judi Rube (MRN: 7654321), Event Date: Feb-13-2018. Below this are tabs for 'Case Status' (Legal Pending, Medical Pending, Uncertified, Unregistered) and 'Information Status'. The 'Mother/Parent Attributes' section contains the following fields:

- Mother/Parent's Education:** Bachelor's degree
- Current/Most Recent Occupation:** Account Executive
- Was Mother/Parent Employed During Pregnancy?:** Yes
- Kind of Business or Industry:** Medical

- From the **Ancestry** drop-down list, select the mother/parent ancestry. If you select an option other than **Unknown**, you must also type the **Ancestry Origin**. Next, under **Race**, check the boxes that apply.



The screenshot shows the 'Ancestry' and 'Race' sections. The 'Ancestry' dropdown is set to 'Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)'. The 'Origin' dropdown is set to 'Polish'. Under the 'Race' section, the 'White' checkbox is checked, and other race options are listed with unchecked boxes:

- White
- Black or African American
- American Indian or Alaskan Native, specify tribe
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other
- Unknown

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Mother/Parent Attributes** tab.

9. Mother/Parent Health

1. Under **Parent Information**, select the **Mother/Parent Health** tab. When the **Mother/Parent Health** form appears, click the **Did Mother/Parent Participate in WIC During This Pregnancy?** field and select **Yes**, **No** or **Unknown**.

The screenshot shows the 'Birth Registration' interface. On the left, a navigation menu has 'Mother/Parent Health' selected. The main content area shows case details: Case ID: 18296712, Child Name: Bruce Rube (MRN: 1234567), Mother Name: Judi Rube (MRN: 7654321), and Event Date: Feb-13-2018. Below this, there are tabs for 'Case Status' (Legal Pending, Medical Pending, Uncertified, Unregistered) and 'Information Status'. The 'Mother/Parent Health' section is active, and the dropdown for 'Did Mother/Parent Participate in WIC During this Pregnancy?' is set to 'Yes'.

2. Complete the **Mother/Parent's Height**, **Mother/Parent's Pre-Pregnancy Weight (lbs.)**, and **Mother/Parent's Weight at Delivery (lbs.)** fields.

The screenshot shows the 'Height' and 'Weight' sections of the form. The 'Mother/Parent's Height (ft-in)' field is filled with '05-06'. The 'Weight' section has two fields: 'Mother/Parent's Pre-Pregnancy Weight (lbs.)' with '135' and 'Mother/Parent's Weight at Delivery (lbs.)' with '175'.

3. Under the **Cigarette Smoking (per day) in the 3 Months Before or During Pregnancy?** field, select **Yes**, **No** or **Unknown**. If you selected **Yes**, additional fields will appear asking for information about the **Mother/Parent's Smoking Habits**. Complete the fields that apply.

The screenshot shows the 'Cigarette Smoking' section. The main dropdown is set to 'Yes'. Below it, there are four rows of data for different periods: '3 mo. Before Pregnancy', 'First 3 mo. of Pregnancy', 'Second 3 mo. of Pregnancy', and 'Third Trimester of Pregnancy'. Each row has a 'Cigarettes' dropdown and a 'Per Day' input field. The values shown are: 1 pack per day, 14 cigarettes per day, 10 cigarettes per day, and 4 cigarettes per day.

- In the **Alcohol Use During This Pregnancy?** field, select **Yes**, **No** or **Unknown**. Under the **Illicit and Other Drugs Used During This Pregnancy?** field, check the boxes next to all that apply.

Alcohol Use During this Pregnancy?
No

Illicit And Other Drugs Used
Illicit And Other Drugs Used During this Pregnancy?
Yes

Illicit And Other Drugs Used During this Pregnancy (Check all that apply)

Heroin Cocaine Methadone Methamphetamine Marijuana Sedatives Tranquilizers Anticonvulsants None of the Above (Other Illicit drug(s) were used - not listed above) Unknown

- In the **Did You Receive Prenatal Care?** field, select **Yes**, **No** or **Unknown**. If you selected **Yes**, an additional field appears asking for information about **Prenatal Care** visits, including a list of questions. Check the boxes next to all the questions that apply.

Prenatal and Pregnancy
Did You Receive Prenatal Care?
Yes

During Any of Your Prenatal Care Visits, Did a Doctor, Nurse, or Other Health Care Worker Talk With You About Any of the Things Listed Below? (Check all that apply)

how smoking during pregnancy could affect your baby? Birth control methods to use after your pregnancy? How to keep from getting HIV (the virus that causes AIDS)?
 how drinking alcohol during your pregnancy could affect your baby? What to do if your labor starts early? Physical abuse to women by their husbands or partners?
 how using illegal drugs could affect your baby?
 how long to wait before having another baby?

- Complete the remaining mother/parent information: Enter how many times per week the mother/parent exercised for 30 minutes or more and if the mother/parent had any gum problems during pregnancy (**Yes**, **No** or **Unknown**). Select the appropriate answers from the drop-down lists under the **During Your Pregnancy, Would You Say That You Were:** and **Thinking Back to Just Before You Were Pregnant, How Did You Feel About Becoming Pregnant?** fields.

How Many Times Per Week During Your Current Pregnancy Did You Exercise for 30 Minutes or More, Above Your Usual Activities? (# Times Per Week)
3

Did You Have Any Problems With Your Gums at Any Time During Pregnancy, For Example, Swollen or Bleeding Gums?
No

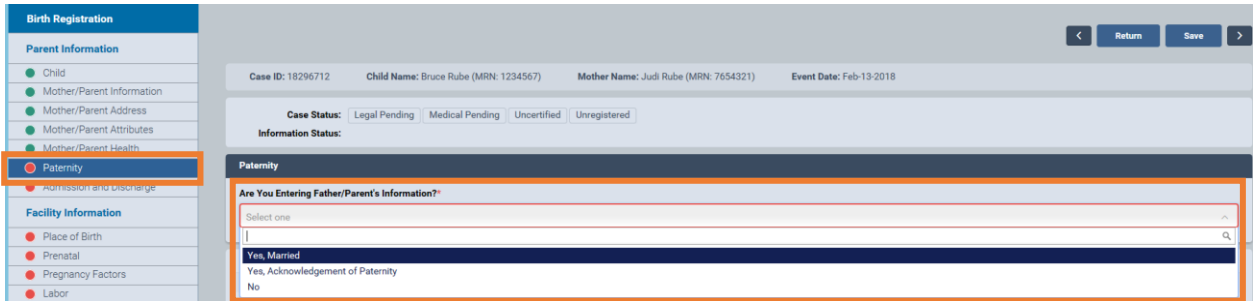
During Your Pregnancy, Would You Say That You Were:
Moderately depressed

Thinking Back to Just Before You Were Pregnant, How Did You Feel About Becoming Pregnant?
You wanted to be pregnant then

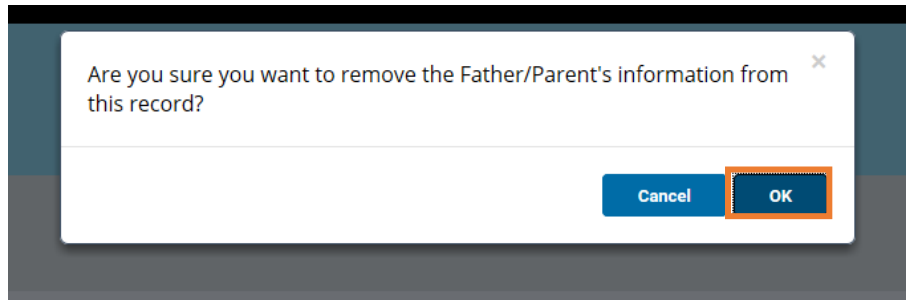
- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Mother/Parent Health** tab.

10. Paternity

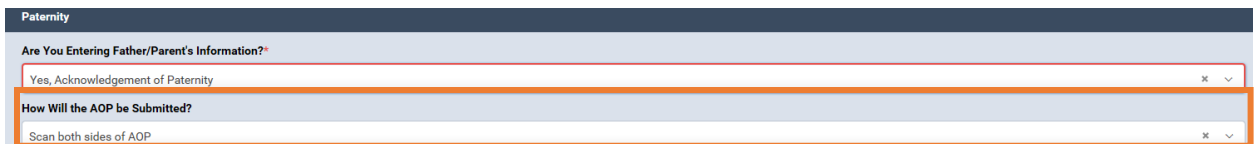
1. Under **Parent Information**, select the **Paternity** tab. When the **Paternity** form appears, in the field **Are You Entering the Father/Parent's Information?** field, select **Yes, Married**; **Yes, Acknowledgment of Paternity**; or **No**.



2. If you select **No**, an “Are you sure you want to remove the Father/Parent’s information from this record?” notice will appear. Select **OK** to continue.



3. If you select **Yes, Acknowledgment of Paternity**, an additional field will appear asking **How Will the AOP be Submitted?** It will automatically populate with **Scan Both Sides of AOP**.



Note: If you select **Yes, Married** or **Yes, Acknowledgment of Paternity**, then additional tabs will appear under the **Birth Registration** menu, including **Father/Parent Information**, **Father/Parent Birthplace** and **Father/Parent Attributes**. An **Acknowledgment of Paternity** section will also appear with tabs titled **AOP-Child**, **AOP-Father/Parent**, **AOP-Mother/Parent** and **AOP-Print**. The **AOP-Child** and **AOP-Mother/Parent** tabs will automatically populate with the

information you previously entered. After entering additional father/parent information in the appropriate tabs and fields, a **green dot** will appear next to the **AOP-Father/Parent** tab.

4. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear.

Note: A **red dot** will remain next to the **Paternity** tab until the **Documentary Evidence** tab is completed and the AOP is scanned. Information regarding Documentary Evidence is located in section 32.

11. Father/Parent Information

1. Under **Parent Information**, select the **Father/Parent Information** tab. When the **Father/Parent Information** form appears, enter the **Current Legal Name (First, Middle, if applicable, and Last names)** as well as the **Name (Prior to First Marriage)**. Use the **Copy Legal Name** button if the father/parent current **Legal Name** is the same as the **Name (Prior to First Marriage)**.

The screenshot displays the 'Father/Parent Information' form within the 'Parent Information' section. The form is titled 'Father/Parent Information' and includes the following fields:

- Case ID:** 18296712
- Child Name:** Bruce Rube (MRN: 1234567)
- Mother Name:** Judi Rube (MRN: 7654321)
- Event Date:** Feb-13-2018
- Case Status:** Legal Pending, Medical Pending, Uncertified, Unregistered, AOP Pending
- Information Status:** (Empty)
- Current Legal Name:**
 - First: Peter
 - Middle: (Empty)
 - Last: Rube
 - Suffix: Select one
- Name (Prior to First Marriage):**
 - First: Peter
 - Middle: (Empty)
 - Last: Rube
 - Suffix: Select one
- Copy Legal Name:** (Button)

2. Enter the **Father/Parent’s Date of Birth (Month, Day and Year)**, **Age** and **Sex**. In the **SSN** field, select **Available**, **Unknown** or **None**. If you select **Available**, the **SSN Value** field will appear for you to enter the number.

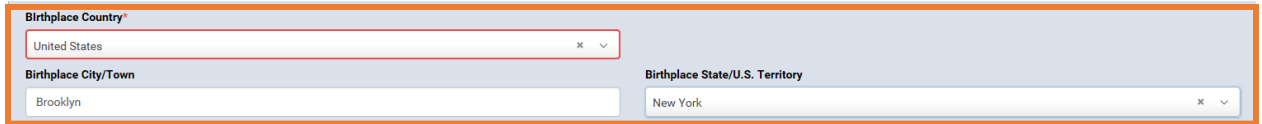
The screenshot displays the 'Father/Parent Date of Birth' form with the following fields:

- Month:** 03 - Mar
- Day:** 17
- Year:** 1980
- Age:** 37
- Sex:** Male
- SSN:** Available
- SSN Value:** 214-80-9626

3. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Father/Parent Information** tab.

12. Father/Parent Birthplace

1. Under **Parent Information**, select the **Father/Parent Birthplace** tab. When the **Father/Parent Birthplace** form appears, select the father/parent **Birth Country** from the drop-down list. If you select **United States**, the **Birthplace City or Town** and **Birthplace State/U.S. Territory** fields will appear. Enter the city or town in the corresponding field and select the state from the drop-down list.
2. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Father/Parent Birthplace** tab.

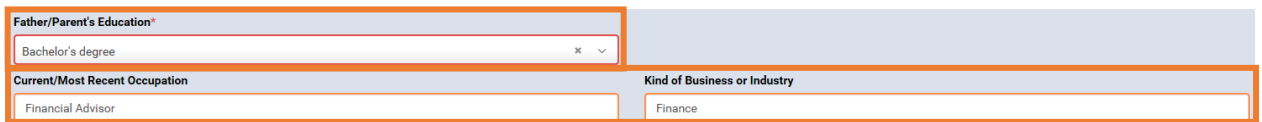


The screenshot shows a form with three fields:

- Birthplace Country***: A dropdown menu with "United States" selected.
- Birthplace City/Town**: A text input field containing "Brooklyn".
- Birthplace State/U.S. Territory**: A dropdown menu with "New York" selected.

13. Father/Parent Attributes

1. Under **Parent Information**, select the **Father/Parent Attributes** tab. When the **Father/Parent Attributes** form appears, complete the **Father/Parent’s Education**, **Current/Most Recent Occupation** and **Kind of Business or Industry** fields.



The screenshot shows a form with three fields:

- Father/Parent’s Education***: A dropdown menu with "Bachelor’s degree" selected.
- Current/Most Recent Occupation**: A text input field containing "Financial Advisor".
- Kind of Business or Industry**: A text input field containing "Finance".

- From the drop-down list, select the father/parent **Ancestry**. If you select an option other than **Unknown**, you must also enter the **Ancestry Origin**. Next, under **Race**, check the boxes that apply.

The screenshot shows three form sections:

- Ancestry***: A dropdown menu with "Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)" selected.
- Origin**: A dropdown menu with "Irish" selected.
- Race***: A list of checkboxes. "White" is checked. Other options include Black or African American, American Indian or Alaskan Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Other, and Unknown.

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Father/Parent Attributes** tab.

14. Admission and Discharge

- Under **Parent Information**, select the **Admission and Discharge** tab. When the **Admission and Discharge** form appears, complete the drop-down lists under the **Copy of Prenatal Record in Chart?**, **Was Formal Risk Assessment in Prenatal Chart?**, **Was MSAFP/Triple Screen Test Offered?** and **Was MSAFP/Triple Screen Test Done?** fields.

The screenshot shows the "Admission" section with four dropdown menus:

- Copy of Prenatal Record in Chart?**: "Yes, Full Record" selected.
- Was Formal Risk Assessment in Prenatal Chart?**: "No" selected.
- Was MSAFP / Triple Screen Test Offered?**: "Yes" selected.
- Was MSAFP/Triple Screen Done?**: "Yes" selected.

- In the **How Many Times was the Mother Hospitalized During This Pregnancy, Not Including Hospitalization for Delivery?** field, enter the applicable number.

The screenshot shows a text input field with the label "How Many Times Was the Mother Hospitalized During this Pregnancy, Not Including Hospitalization for Delivery?". The number "1" is entered in the field.

- 3. From the drop-down list, select the appropriate answer for the **Infant Discharge Status** field. If you select an answer other than **Infant Still in Hospital**, you must also enter an **Infant Discharge Date**.

Discharge

Infant Discharge Status

Discharged Home x v

Infant Discharge Date

Month 02 - Feb x v **Day** 15 x v **Year** 2018 x

- 4. Complete the **Mother/Parent Admission Date of Delivery** and **Mother/Parent Discharge Date** fields.

Infant Discharge Date

Month 02 - Feb x v **Day** 15 x v **Year** 2018

Mother/Parent Admission Date of Delivery **Mother/Parent Discharge Date**

Month 02 - Feb x v **Day** 12 x v **Year** 2018 **Month** 02 - Feb x v **Day** 15 x v **Year** 2018

- 5. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Admission and Discharge** tab.

15. Place of Birth

- Under **Facility Information**, select the **Place of Birth** tab. When the **Place of Birth** form appears, the **Type of Place**, **Name of Hospital or Other Facility** and **Address** fields will automatically populate with the information you previously entered. Change or update any of the fields, as needed.

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear and a **green dot** will appear next to the **Place of Birth** tab.

16. Prenatal

- Under **Facility Information**, select the **Prenatal** tab. When the **Prenatal** form appears, the **Mother/Parent’s Medical Record Number** will automatically populate. Enter the **Mother/Parent’s Medicaid Number** (if applicable). Select the appropriate answers from the drop-down list in the **Primary Payer** and **Is Mother/Parent Enrolled in an HMO or Other Managed Care Plan?** fields. Select the **Month**, **Day** and **Year** within the **Date Last Normal Menses Began** section.

- In the **Did Mother Receive Prenatal Care?** field, select **Yes**, **No** or **Unknown** from the drop-down list. If you selected **Yes**, new fields will appear. Enter the **Date of First Prenatal Care Visit**, **Date of the Last Prenatal Care Visit**, **Total Number of Prenatal Visits for This Pregnancy** and **Primary Prenatal Care Provider Type** in the corresponding fields.

Prenatal Care

Did the Mother Receive Prenatal Care? Yes

Date of First Prenatal Care Visit
 Month: 06 - Jun, Day: 01, Year: 2017

Date of Last Prenatal Care Visit
 Month: 01 - Jan, Day: 26, Year: 2017

Total Number of Prenatal Visits for this Pregnancy: 8

Primary Prenatal Care Provider Type: MD/DO

- From the **Total Number of Previous Live Births** drop-down list, select the applicable number. If you select an option other than **None** or **Unknown**, you will have to complete the **Number Born Alive and Now Living**, **Number Born Alive and Now Dead**, **Date of the First Live Birth** and **Date of the Last Live Birth** fields. If applicable, enter the **Number Preterm** and **Number Low Birth Weight**.

Previous Births

Total Number of Previous Live Births: 1

Number Born Alive and Now Living: 1

Number Born Alive and Now Dead: None

Date of First Live Birth
 Month of First Live Birth: 04 - Apr, Year of First Live Birth: 2016

Date of Last Live Birth
 Month of Last Live Birth: 02 - Feb, Year of Last Live Birth: 2018

Those born alive may have been Preterm, Low Birth Weight or both. Please indicate.

Number Preterm (<37 weeks): Select one

Number Low Birth Weight (<2500 grams or 5lbs 8oz): Select one

- Select a number from the **Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Terminations)** drop-down lists. If you select an option other than **None** or **Unknown**, you must complete the **Date of Last Other Pregnancy Outcome**, **Number of Spontaneous Terminations of Pregnancy Less Than 20 Weeks**, **Number of Spontaneous Terminations of Pregnancy 20 Weeks or More** and **Number of Induced Terminations of Pregnancy** fields.

Previous Other Pregnancy Outcomes

Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Terminations)*
 1

Date of Last Other Pregnancy Outcome
 Month: 12 - Dec Year: 2014

Number of Spontaneous Terminations of Pregnancy Less Than 20 Weeks: 1
 Number of Spontaneous Terminations of Pregnancy 20 Weeks or More: None
 Number of Induced Terminations of Pregnancy: None

- Click **Save**. An **orange dot** will appear, and you will receive this notice: “The difference between calculated gestation and clinical estimate gestation cannot be more than 4 weeks. Please verify clinical estimate of gestation and last menses on prenatal page.” Once you enter a valid value for **Clinical Estimate of Gestation** on the **Newborn** tab, a “No Validation Error Found on This Page” notice will appear, while a **green dot** appears next to the **Prenatal** tab.

Rule ID	Message	Action Message	Override	Reason
BR0377	The difference between the Calculated Gestation and Clinical Estimated Gestation cannot be more than 4 weeks. Please verify clinical estimate of gestation and last menses on prenatal page.	Enter a valid value for Clinical Estimate of Gestation.	<input type="checkbox"/>	

17. Pregnancy Factors

- Under **Facility Information**, select the **Pregnancy Factors** tab. When the **Pregnancy Factors** form appears, check all the boxes for risk factors that apply in the **Risk Factors for This Pregnancy** section. If the applicable risk factor is not listed, check the box titled **Other Serious Chronic Illness**. If there were no risk factors, you may check the box titled **None of the Above**. In the **Infections Present and/or Treated During This Pregnancy** section, check all the boxes for infections that apply. If there were no infections, check the box titled **None of the Above**.

The screenshot shows the 'Pregnancy Factors' form. On the left sidebar, the 'Pregnancy Factors' tab is highlighted. The main form area is divided into two sections:

- Risk Factors for this Pregnancy (Check all that apply)***: This section contains a grid of checkboxes. 'Gestational Diabetes' and 'Pre-pregnancy hypertension (This is the same as chronic)' are checked. Other visible options include 'Pre-pregnancy diabetes', 'Asthma/Acute or Chronic Lung Disease', 'Rh Sensitization', 'Polyhydramnios', 'Oligohydramnios', 'Hemoglobinopathy', 'Abruptio placenta', 'Eclampsia', 'Other Previous Poor Pregnancy Outcome', 'Prelabor referral for high risk care', 'Other Vaginal Bleeding', 'Previous cesarean section', 'Infertility treatment- Fertility drugs, artificial/intrauterine insemination', 'Infertility treatment- Assisted reproductive technology (e.g., IVF, GIFT)', 'Fetal Reduction', 'None of The Above', and 'Unknown'.
- Infections Present and / or Treated During this Pregnancy (Check all that apply)***: This section contains checkboxes for 'Gonorrhea', 'Herpes Simplex (HSV)', 'Chlamydia', 'Hepatitis B', 'Hepatitis C', 'Tuberculosis', 'Rubella', 'Bacterial Vaginosis', 'Syphilis', and 'Unknown'. The 'None of the above' option is checked.

- In the **Obstetric Procedures** section, check all the boxes for obstetric procedures that apply to the pregnancy. If the patient did not undergo any obstetric procedures, check the box titled **None of the Above**. In the **Was Fetal Genetic Testing Offered?** field, select **Yes**; **No, Too Late**; **No, Other Reason**; or **Unknown** from the drop-down list.

The screenshot shows two sections of the form:

- Obstetric Procedures (Check all that apply)***: This section contains checkboxes for 'Cervical cerclage', 'Tocolysis', 'External Cephalic Version: Successful', 'External Cephalic Version: Failed', 'Fetal genetic testing', and 'Unknown'. The 'None of the above' option is checked.
- Was Fetal Genetic Testing Offered?**: This is a dropdown menu. The options are 'Yes', 'No, Too Late', 'No, Other Reason', and 'Unknown'. 'No, Other Reason' is selected.

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Pregnancy Factors** tab.

18. Labor

- Under Facility Information, select the **Labor** tab. Review the **Onset of Labor** and **Characteristics of Labor and Delivery** sections in the **Labor** form. Check the boxes for all the descriptions that apply. You may check the box titled **None of the Above** if none of the conditions apply or **Unknown** if the conditions are not known.

The screenshot displays the 'Labor' form with the following sections and options:

- Onset of Labor (Check all that apply):**
 - Prolonged rupture of membranes (12 hours or more)
 - Precipitous labor (less than 3 hours)
 - None of the above** (checked)
 - Unknown
 - Premature rupture of membranes (prior to labor)
 - Prolonged labor (20 hours or more)
- Characteristics of Labor and Delivery (Check all that apply):**
 - Induction of Labor - AROM
 - Steroids
 - Fetal intolerance
 - Induction of Labor - Medicinal
 - Antibiotics
 - External electronic fetal monitor
 - Augmentation of Labor
 - Chorioamnionitis
 - Internal electronic fetal monitor
 - Placenta Previa**
 - Febrile (>100.4F or 38C)
 - None of the above
 - Other excessive bleeding
 - Meconium staining
 - Unknown

Below the form is a table of validation rules:

Rule ID	Message	Action Message	Override	Reason
BRD187	Onset of Labor is invalid, A valid selection must be made. Select None if no conditions apply or Unknown if unknown.	Select a valid value on the screen for Onset of Labor.		
BRD189	At least one selection must be made. Select Unknown if unknown or None of the Above if no conditions apply.	Enter a valid value for characteristics of labor and/or delivery		

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Labor** tab.

19. Delivery

- Under Facility Information, select the **Delivery** tab. The **Delivery** form will appear. Review the drop-down list under the **Was Delivery with Forceps Attempted but Unsuccessful?** field and select **Attempted and Successful**, **Attempted and Unsuccessful**, **Forceps Were Not Used** or **Unknown**. Next, review the drop-down list under the **Was Delivery with Vacuum Extraction Attempted but Unsuccessful?** field and select **Attempted and Successful**, **Attempted and Unsuccessful**, **Vacuum Extraction Was Not Used** or **Unknown**. If you select **Attempted and Successful** for either of these questions, you must then select and complete the **Indications for Forceps** and **Indications for Vacuum** sections.

- In the **Fetal Presentation at Birth** field, select **Cephalic**, **Breech**, **Other** or **Unknown** from the drop-down list.

- In the **Final Route and Method of Delivery** field, select **Vaginal/Spontaneous**, **Vaginal/Forceps**, **Vaginal/Vacuum**, **Cesarean** or **Unknown** from the drop-down list.

- In the **Other Procedures Performed at Delivery** section, check the boxes for all the **Procedures** that apply. In the **Anesthesia** section, check the boxes for all that apply. If you selected any anesthesia options other than **None of the Above** or **Unknown**, the **Complications From Any of the Above?** field will appear. Complete the field by selecting **Yes**, **No** or **Unknown**.

Other Procedures Performed at Delivery*

Episiotomy & repair None of the above Unknown

Sterilization

Repair of lacerations

Anesthesia*

Epidural Spinal Local

General Inhalation Paracervical None of the above

General Intravenous Pudendal Unknown

Complications From Any of the Above?

Yes

Yes

No

Unknown

- In the section titled **Maternal Morbidity**, check the boxes for all that apply.

Maternal Morbidity (Check all that apply)

Maternal transfusion Admission to intensive care unit Postpartum Transfer to a higher level of care

Third or fourth degree perineal laceration Unplanned operating room procedure following delivery None of the above

Ruptured uterus Hemorrhage Unknown

Unplanned hysterectomy

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Delivery** tab.

20. Newborn

- Under **Facility Information**, select the **Newborn** tab. When the **Newborn** form appears, the **Child's Medical Record Number** and **Infant Birth Weight** fields will automatically populate.

- Complete the **Gestation and Apgar** section by entering the **Clinical Estimate of Gestation (Completed Weeks)** and selecting the **Apgar Score One Minute** and **Apgar Score 5 Minutes** answers from the drop-down lists. If you enter a 5 or less in the **Apgar Score 5 Minutes** field, an **Apgar Score 10 Minutes** field will appear in which you must enter a number.

- From the **How Is Infant Being Fed?** drop-down list, select **Breast Milk**, **Formula**, **Both**, **Neither** or **Unknown**.

- In the **Immunization Administered?** field under **Hepatitis B Inoculation**, select **Unknown, Yes, No** or **Refused** from the drop-down list. If you select **Yes**, new fields will appear and you must enter the **Immunization Date**. From the **Immunoglobulin Administered?** field, select **Unknown, Yes, No** or **Refused**. If you select **Yes**, new fields will populate and you must enter the **Immunoglobulin Date**.

Hepatitis B Inoculation

Immunization Administered?
Yes x v

Immunoglobulin Administered?
Yes x v

Immunization Date Administered

Month	Day	Year
02 - Feb x v	13 x v	2018

Immunoglobulin Date Administered

Month	Day	Year
02 - Feb x v	13 x v	2018

- Click **Save**. If all the fields contain valid information, a “No Validation Error Found on This Page” notice will appear, while a **green dot** appears next to the **Newborn** tab.

21. Newborn Factors

- Under **Facility Information**, select the **Newborn** tab. When the **Newborn** form appears, complete the **Abnormal Conditions of the Newborn** section by checking the boxes next to all the conditions that apply. You may check the box titled **None of the Above** if none of the conditions apply or **Unknown** if the conditions are not known.

The screenshot shows the 'Newborn Factors' form. On the left is a navigation menu with categories like 'Mother/Parent Health', 'Paternity', 'Facility Information', and 'Newborn Factors' (which is selected). The main form area has a section titled 'Abnormal Conditions of the Newborn (Check all that apply)*' with several checkboxes: 'Assisted Ventilation required immediately following delivery', 'Assisted ventilation required for more than 6 hours', 'NICU Admission', 'Newborn given surfactant replacement therapy', 'Antibiotics received by the newborn for suspected neonatal sepsis', 'Seizure or serious neurologic dysfunction', and 'Significant birth injury (skeletal fracture(s), peripheral nerve injury, and / or soft tissue/solid organ hemorrhage which requires intervention)'. The 'None of the above' checkbox is checked. Below this is a 'Congenital Anomalies' section with a 'Select one' dropdown menu and an 'Add Congenital Anomaly' button. At the bottom, there is a table of error messages:

Rule ID	Message	Action Message	Override	Reason
BR1100	Congenital Anomaly can not be left blank.	Select a Congenital Anomaly or remove the entry.		
BR0407	Abnormal Conditions of the Newborn cannot be blank.	Enter a valid value for Abnormal Conditions of the Newborn.		

- Under **Congenital Anomalies**, select an option from the drop-down list. If you select an option other than **None of the Above Listed** or **Unknown**, a new field will appear (**Diagnosed Prenatally**). Select **Yes** or **No** from the drop-down list. If you select **Yes**, you must indicate the methods used to diagnose prenatally.

This screenshot shows the 'Congenital Anomalies' section. The 'Congenital Anomalies' dropdown is set to 'Gastroschisis'. The 'Diagnosed Prenatally' dropdown is set to 'Yes'. Below this, there is a section titled 'Please Indicate All Methods Used' with three checkboxes: 'Level II Ultrasound' (checked), 'Other', and 'Unknown'.

- If you need to enter multiple congenital anomalies, click the **green button** titled **Add Congenital Anomaly**. If you need to remove a congenital anomaly, click the **red button** in the right-hand corner.

This screenshot is similar to the previous one, but the 'Add Congenital Anomaly' button in the bottom right corner is highlighted with a red box.

- Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice appears, while a **green dot** appears next to the **Newborn Factors** tab.

22. Attendant/Certifier

1. Under **Facility Information**, select the **Attendant/Certifier** tab. When the **Attendant/Certifier** form appears, click the **Look Up Attendants** button.

The screenshot shows the 'Attendant/Certifier' form. On the left is a sidebar with navigation tabs: 'Mother/Parent Health', 'Paternity', 'Father/Parent Information', 'Father/Parent Birth Place', 'Father/Parent Attributes', 'Admission and Discharge', 'Acknowledgement Of Paternity', 'AOP - Child', 'AOP - Father/Parent', 'AOP - Mother/Parent', 'AOP - Print', 'Facility Information', 'Place of Birth', 'Prenatal', 'Pregnancy Factors', 'Labor', 'Delivery', 'Newborn', 'Newborn Factors', and 'Attendant/Certifier' (which is highlighted with an orange box). The main form area is titled 'Attendant/Certifier' and contains sections for 'Attendant at Birth' and 'Certifier'. The 'Attendant at Birth' section has a 'Look Up Attendants' button highlighted with an orange box. Below it are input fields for 'First', 'Last', 'Title', and 'Attendant NPI'. The 'Certifier' section has a 'Look Up Certifier' button and a 'Clear' button. There are also 'Middle' and 'Suffix' dropdown menus.

2. Enter the **Last** name of the attendant and click **Search**.

The screenshot shows the 'Attendant Lookup' dialog box. It has a title bar with a close button. Below the title bar are two input fields: 'Last Name*' with the text 'Clothe' and a clear button (X), and 'First Name'. To the right of the 'First Name' field is a blue 'Search' button highlighted with an orange box. At the bottom right is a blue 'Cancel' button.

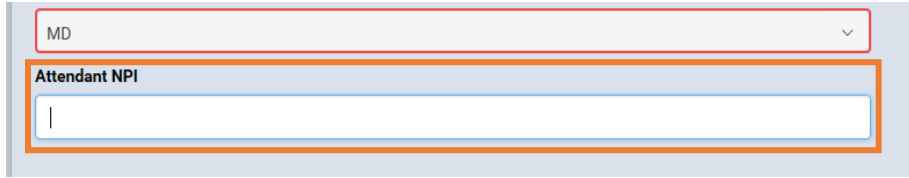
3. If the attendant you are searching for appears in the list of names matching the search criteria, click the **Select** button next to the right of the name.

The screenshot shows the 'Attendant Lookup' dialog box with search results. The 'Last Name*' field contains 'Clothe' and the 'First Name' field is empty. The 'Search' button is highlighted with an orange box. Below the input fields is a table with the following data:

Last Name	First Name	Title
Clothe	Terri	MD


To the right of the 'MD' title is a blue 'Select' button highlighted with an orange box. At the bottom right is a blue 'Cancel' button.

- 4. Next, enter the attendant’s **NPI** number in the corresponding field.



The screenshot shows a form with a dropdown menu at the top containing the text 'MD'. Below it is a text input field with the label 'Attendant NPI' and a vertical cursor inside the field.

- 5. The certifier information will automatically populate based on the user logged in to the system. If you need to change the certifier information, click the **Look Up Certifier** button and proceed as listed in Steps 2 and 3 of this section for **Look Up Attendants**.

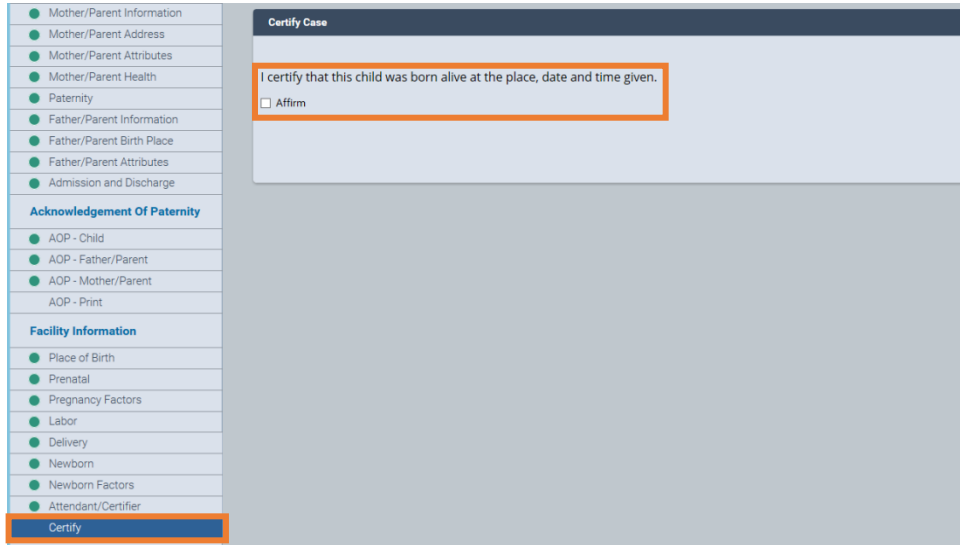


The screenshot shows a form titled 'Certifier'. At the top left, there is a search bar with the text 'Look Up Certifier' and a 'Clear' button. Below the search bar, there are several input fields: 'First*' (containing 'Terri'), 'Last*' (containing 'Clothe'), 'Title*' (containing 'MD'), 'Street Number and Name, Rural Route (No P.O. Box, etc)*' (containing '125 Worth Street'), 'City or Town' (containing 'New York'), and 'Zip Code' (containing '10013'). To the right of these fields are 'Middle', 'Suffix', 'Apartment, Suite, Building, Floor, etc', 'State' (containing 'New York'), and 'Country' (containing 'United States').

- 6. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Attendant/Certifier** menu page.

23. Certify

1. Under **Facility Information**, select the **Certify** tab. When the **Certify Case** form appears, select the **Affirm** check box to state that the information you (the certifier) entered is true to the best of your knowledge.



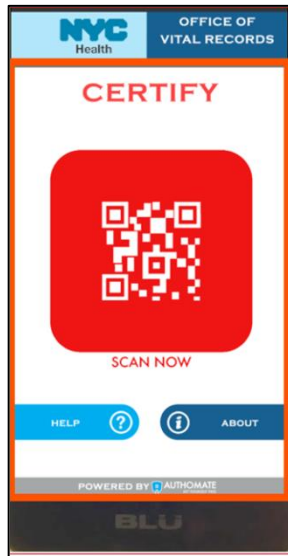
The screenshot shows a web interface with a sidebar on the left and a main content area. The sidebar contains a list of menu items, with 'Certify' highlighted in blue. The main content area is titled 'Certify Case' and contains the text 'I certify that this child was born alive at the place, date and time given.' Below this text is a checkbox labeled 'Affirm', which is checked. The text and checkbox are enclosed in an orange rectangular box.

2. After you select the **Affirm** check box, the Quick Response (QR) code appears. **Note:** You will have 60 seconds to scan the QR code using the **Certify App** on your mobile device.

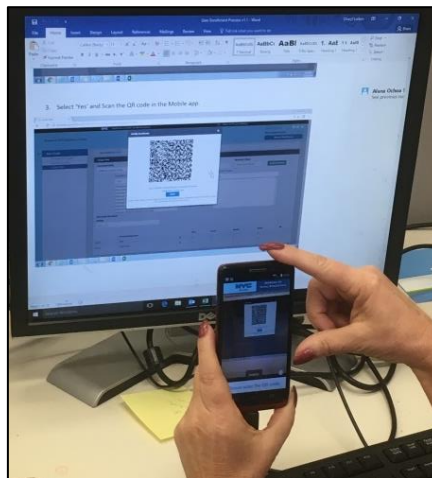


The screenshot shows the same 'Certify Case' form as above, but now with a QR code displayed in the center. The QR code is enclosed in an orange rectangular box. Below the QR code, the text reads 'Scan using the Certify App within the next 57 seconds.' The 'Affirm' checkbox remains checked.

- From your mobile device, tap the **red** square to start the camera.

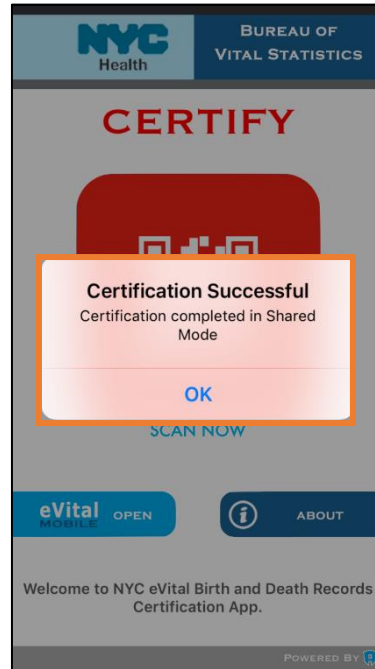
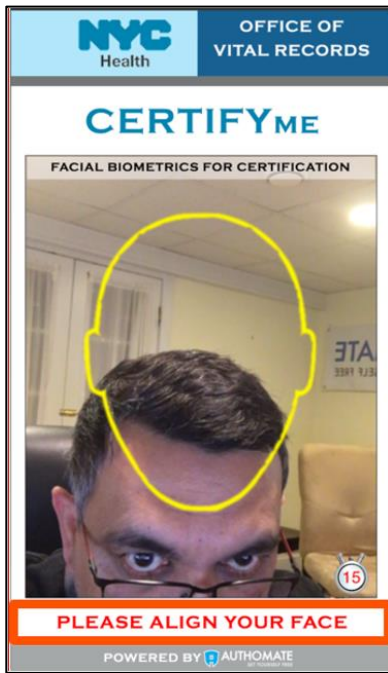


- To synchronize your identity, point your mobile device camera to the QR code on your computer monitor and hold the mobile device steady until it scans the QR code.



- 5. When the certification screen appears on your mobile device, align your face inside the **yellow frame**. When your image has been registered, you will receive two **messages** on your mobile device: “Certifying User...Please Wait” (first message) and “Certification Successful Certification Completed” (second message). Tap **OK** on your mobile device. View the **Case Status** section to confirm that you successfully submitted and signed the case/event.

Note: There is a one-hour hold until the case is officially registered



- 6. When the certification is finalized, a **green dot** with a check mark will appear next to the **Certify** tab. To make modifications to the case, click the **Unaffirm** button, make any necessary changes to the case and recertify the case.



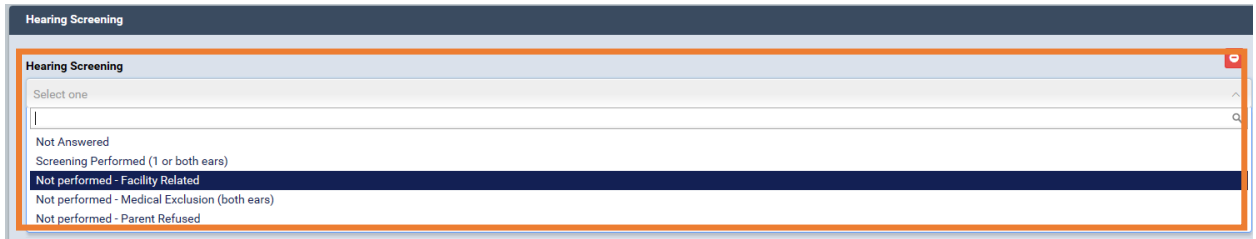
24. Hearing Screening

1. Under **Other Registries**, select the **Hearing Screening** tab. When the **Hearing Screening** form appears, select the **Add Hearing Screening** button.

Note: The **Hearing Screening** tab will automatically be green, as this screening is not required in eVital.



2. From the **Hearing Screening** drop-down list, select the applicable answer.



3. If you select **Screening Performed**, new fields will appear. Complete **Date Hearing Screen Conducted**, **Equipment Type**, and results for **Left Ear** and **Right Ear** fields using the drop-down lists.

Date Hearing Screening Conducted	Equipment Type
Feb-13-2018	ABR
Left Ear	Right Ear
Pass	Pass

4. Enter the appropriate responses in the **Entered By**, **Entered Date** and **Entering Facility** fields.

The screenshot shows a form with three input fields. The first field is labeled "Entered By" and contains the text "Terri Clothe, MD". The second field is labeled "Entered Date" and contains "Feb-13-2018". The third field is labeled "Entering Facility" and contains "Testing Hospital (Manhattan)".

5. Click **Save**. If all the fields contain valid information, a “No validation error found on this page” notice will appear, while a **green dot** appears next to the **Hearing Screening** tab.

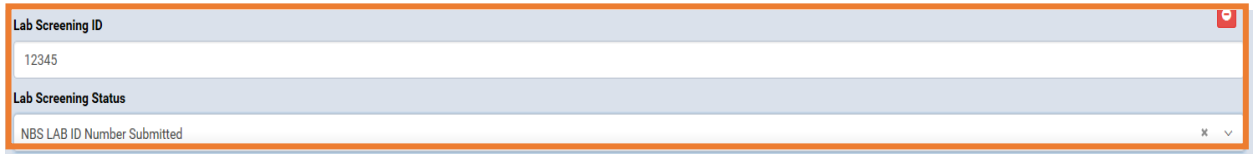
25. Metabolic Screening

1. Under **Other Registries**, select the **Metabolic Screening** tab. When the **Metabolic Screening** form appears, click the **Add Metabolic Screening** button.

Note: The **Metabolic Screening** tab will automatically be green, as this screening is not required in eVital.

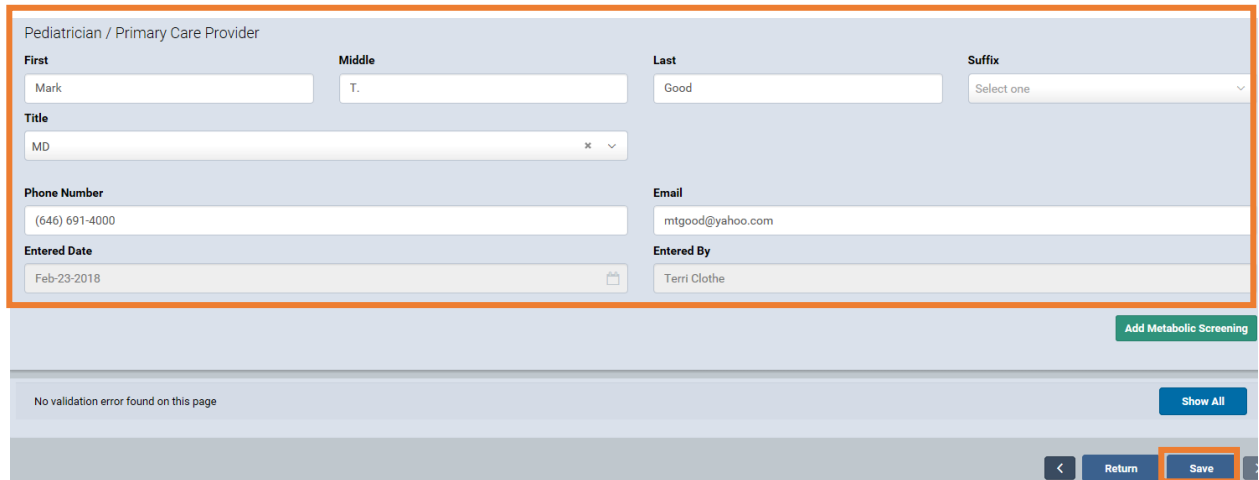
The screenshot shows the eVital interface. On the left is a navigation menu with various tabs. The "Metabolic Screening" tab is highlighted with a green border. The main content area shows the "Metabolic Screening" form. At the top right of the form is a green button labeled "Add Metabolic Screening". Below the button, a message states "No validation error found on this page". At the bottom right of the form are buttons for "Return" and "Save".

2. Enter the **Lab Screening ID**, then select an answer from the **Lab Screening Status** drop-down list.



The screenshot shows a form with two sections. The first section is labeled "Lab Screening ID" and contains a text input field with the value "12345". The second section is labeled "Lab Screening Status" and contains a dropdown menu with the selected option "NBS LAB ID Number Submitted".

3. Enter the **Pediatrician/Primary Care Provider** information. Click **Save**.
Note: The **Entered Date** and **Entered By** will automatically populate.



The screenshot shows a form titled "Pediatrician / Primary Care Provider". It contains several fields: "First" (Mark), "Middle" (T.), "Last" (Good), "Suffix" (Select one), "Title" (MD), "Phone Number" ((646) 691-4000), "Email" (mtgood@yahoo.com), "Entered Date" (Feb-23-2018), and "Entered By" (Terri Clothe). There is a green button labeled "Add Metabolic Screening" and a blue button labeled "Show All". At the bottom, there is a message "No validation error found on this page" and a blue button labeled "Save" which is highlighted with an orange box.

4. Click **Save**. If all the fields contain valid information, a "No validation error found on this page" notice will appear, while a **green dot** appears next to the **Metabolic Screening** tab.

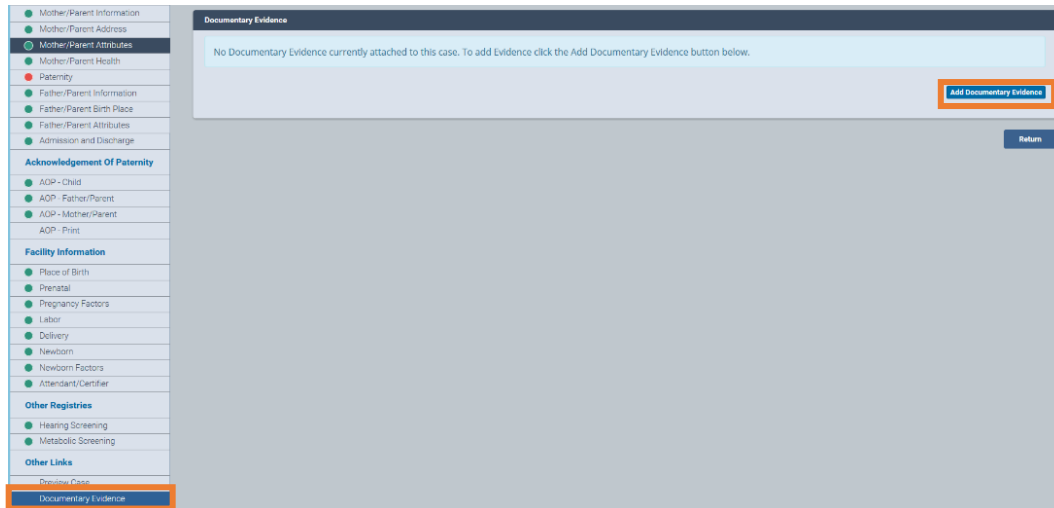
26. Preview Case

- Under **Other Links**, select the **Preview Case** tab. When the **Preview Case** form appears, you can preview a case and its identifying information.



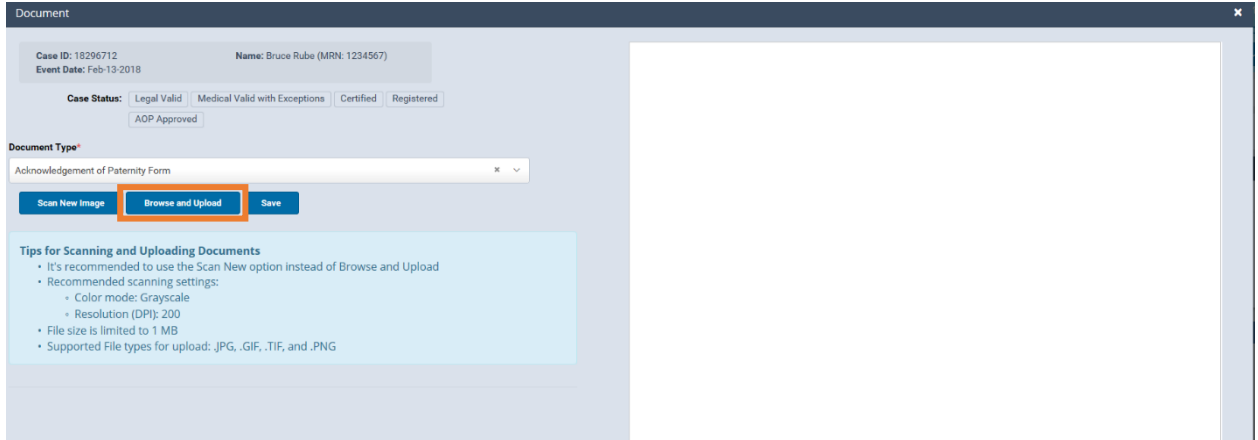
27. Documentary Evidence

- Under **Other Links**, select the **Documentary Evidence** tab. When the **Documentary Evidence** form appears, click the **Add Documentary Evidence** button.



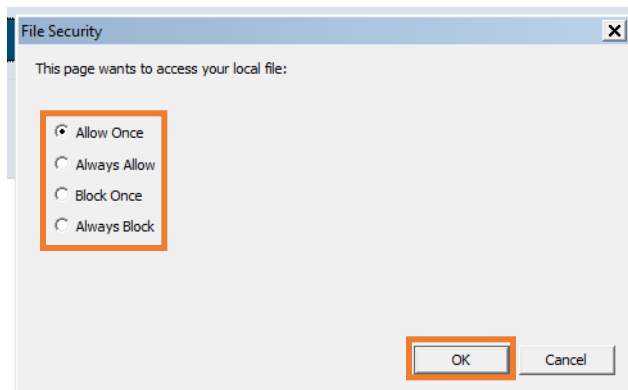
2. Select **Acknowledgement of Paternity** from the drop-down list, then click **Browse and Upload**. Only files in TIF format can be uploaded.

Note: You may also choose **Scan New Image** if you have a compatible eVital scanner.

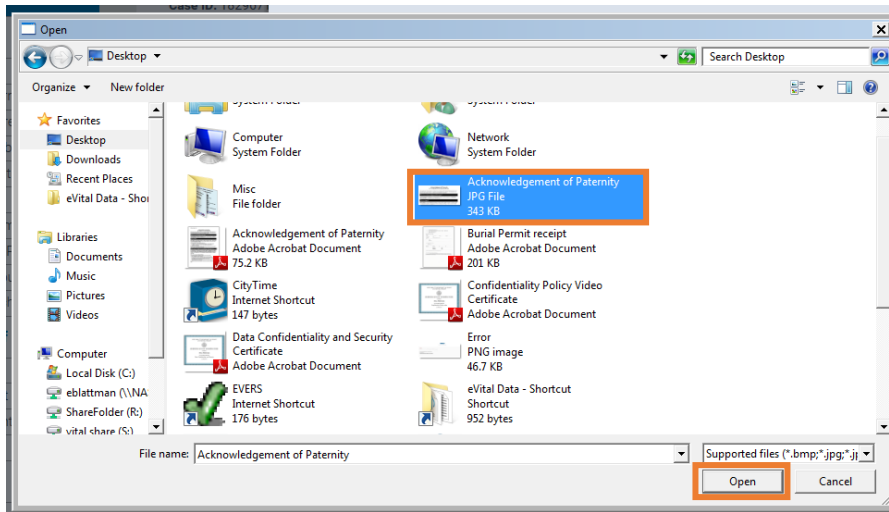


3. Choose the security setting you prefer and click **OK**.

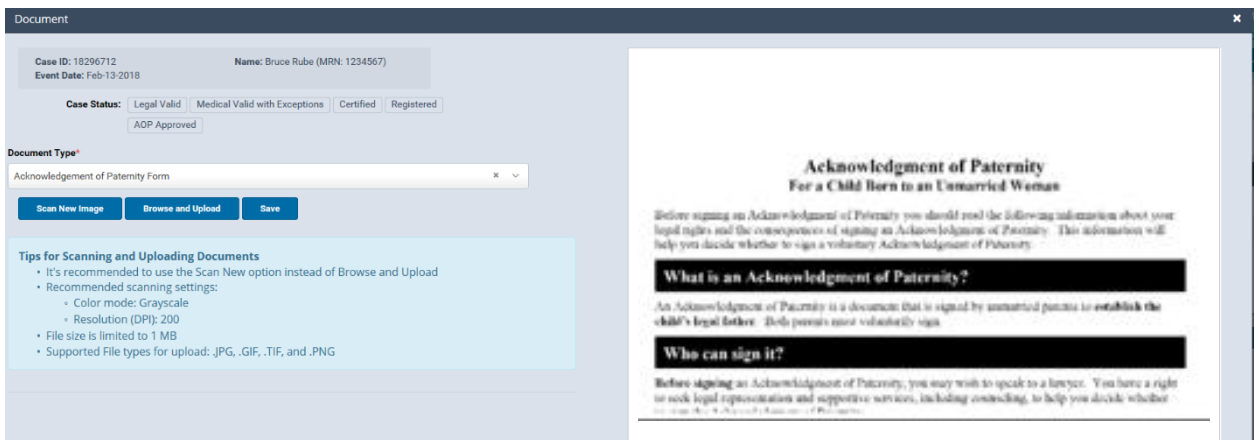
Note: If you select **Allow Once**, you will receive a **File Security** message each time you attempt to upload something. If you select **Always Allow**, you will not receive a message again when attempting to upload an AOP.



4. Select the **Acknowledgement of Paternity** form and click **Open**.



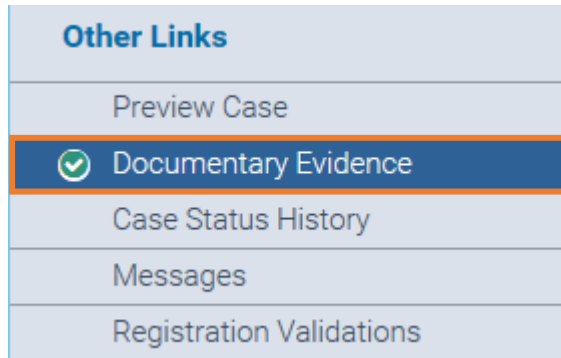
5. When the **Acknowledgement of Paternity** form appears in the **Document Type** window, click **Save**.



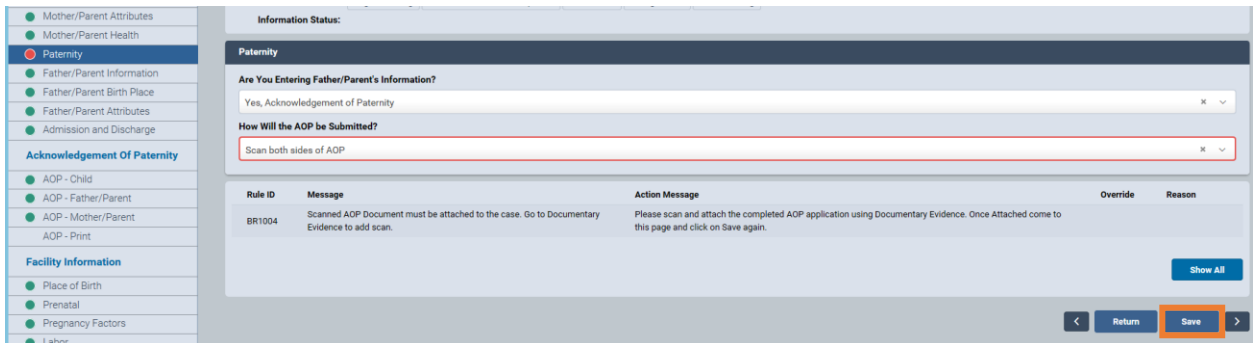
6. Once you click **Save**, you will see the **Acknowledgement of Paternity** form listed under the **Document Type** as well as who entered it (**Uploaded By**) and the **Upload Date**. You can also click **View**, **Edit** or **Delete** from this screen.



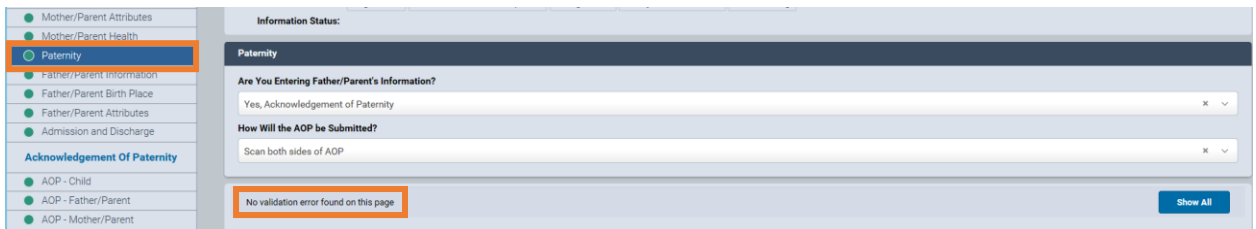
- 7. A **green dot** with a check mark will appear next to the **Documentary Evidence** tab.



- 8. Now that you have uploaded the **Documentary Evidence**, navigate back to the **Paternity** tab and click **Save**.



- 9. The **red dot** next to the **Paternity** tab will become **green** and a “No validation error found on this page” notice will appear.



28. Case Status History

- Under **Other Links**, select the **Case Status History** tab. On the **Case Status History** form, you can see the entire history of a case, including **Edits** and **Signatures**, who entered the information (**Status Name**), the time and date they entered it (**Status Date**), and their location (**Associated Facility Name**).

Status Date	Status Name	Status set by	Associated Facility name	Comment	Subject Reason	Other Reason
Feb/23/2018 12:44 PM	Ready for Certification	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/23/2018 12:44 PM	Legal Valid	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/22/2018 04:07 PM	Medical Valid with Exceptions	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/15/2018 01:38 PM	ADP Pending	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/14/2018 12:07 PM	Medical Pending	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/14/2018 12:07 PM	Legal Pending	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/14/2018 11:31 AM	Unregistered	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/14/2018 11:31 AM	Uncertified	Clotha, Tom	Testing Hospital (Manhattan)			
Feb/14/2018 11:31 AM	New Event	Clotha, Tom	Testing Hospital (Manhattan)			

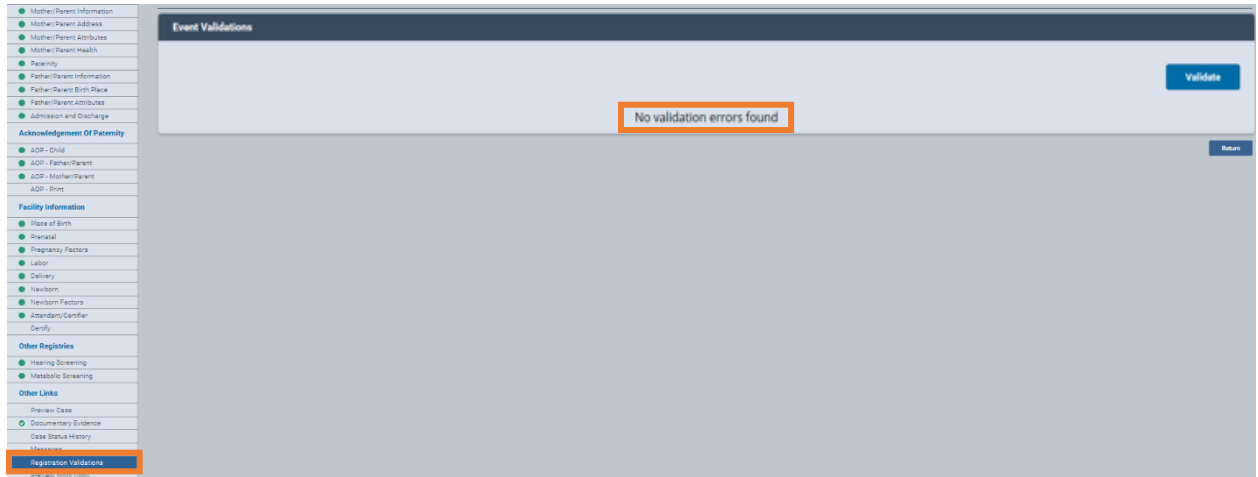
29. Messages (Case)

- Select the **Messages** tab to see the **Messages** page. You can view any messages about the case from this tab.

Sender	Subject	Body	Sent Date	Attachments
evitalssystem@health.nyc.gov	Birth Case 18296712 - Approved	The following case has been approved. Case ID: 18296712 - Bruce Rube, Date of Birth: Feb/13/2016.	Feb/27/2018	

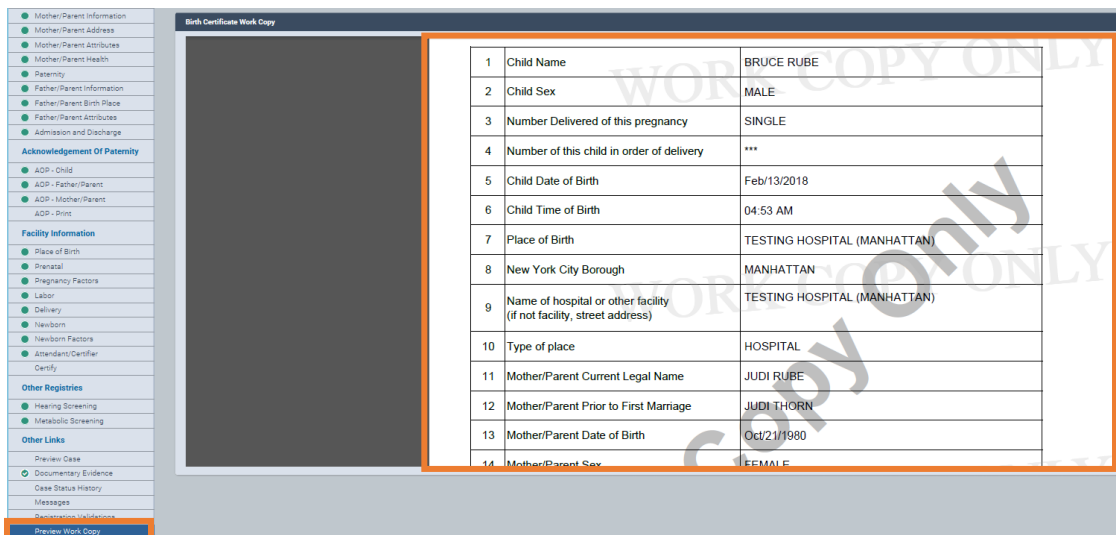
30. Registration Validations

1. Select the **Registration Validations** tab. The **Registration Validation** page shows any validation errors for a case. If there are no errors a “No validation errors found” notice will appear.



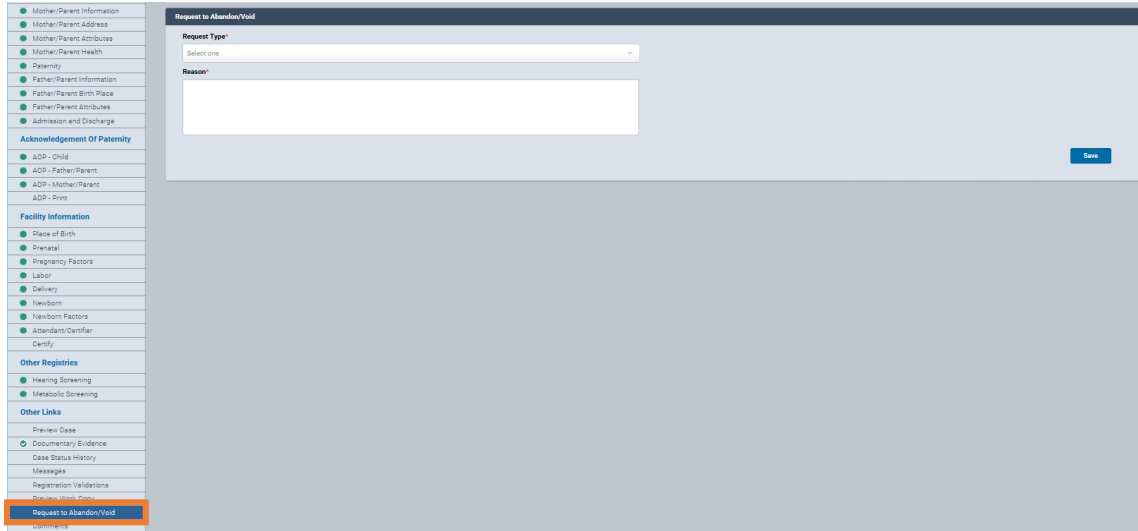
31. Preview Work Copy

1. Under Other Links, select the **Preview Work Copy** tab, where you can view the **Birth Certificate Work Copy**.

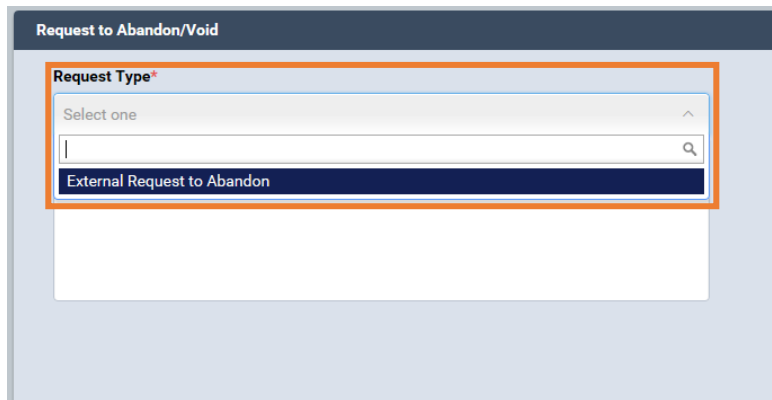


32. Request to Abandon/Void

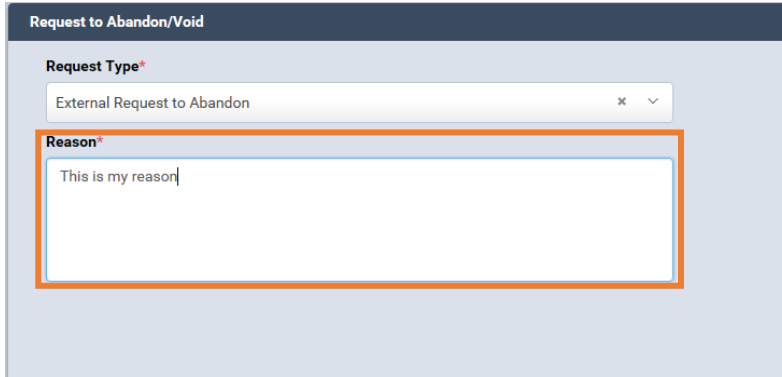
1. Select the **Request to Abandon/Void** tab to void a birth registration case.



2. To void a birth registration case, select **External Request to Abandon** from the **Request Type** drop-down list.

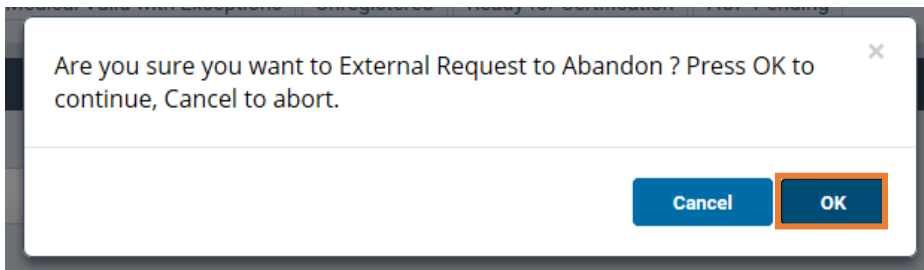


3. Complete the **Reason** field and click **Save**.



The screenshot shows a dialog box titled "Request to Abandon/Void". At the top, there is a "Request Type*" dropdown menu with "External Request to Abandon" selected. Below this is a "Reason*" text area containing the text "This is my reason|". The text area is highlighted with an orange border. The dialog box has a dark blue header and a light blue background.

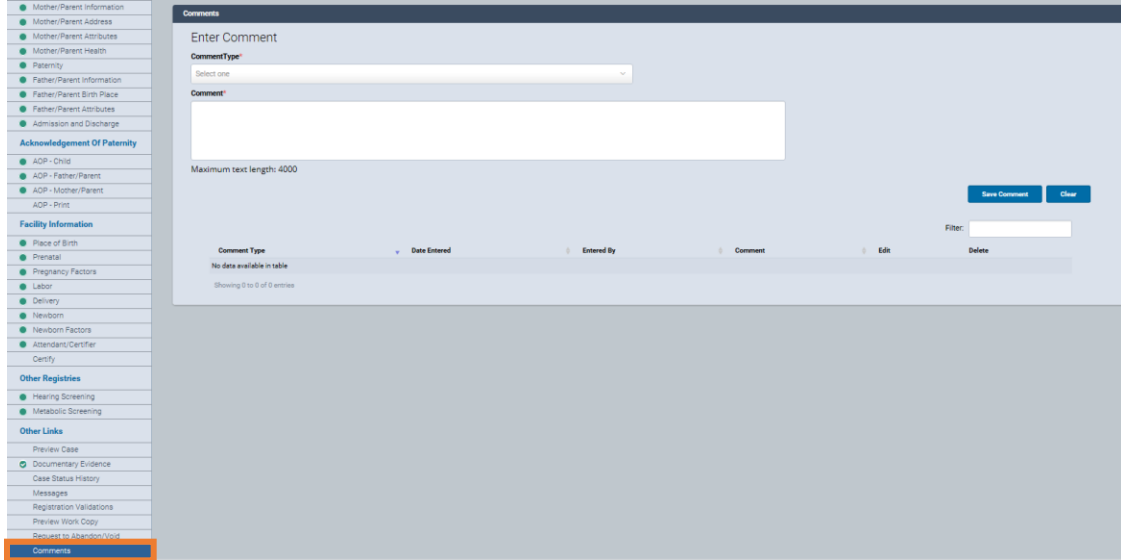
4. When the window appears to confirm the **Request to Abandon**, click **OK** to continue or **Cancel** to cancel.



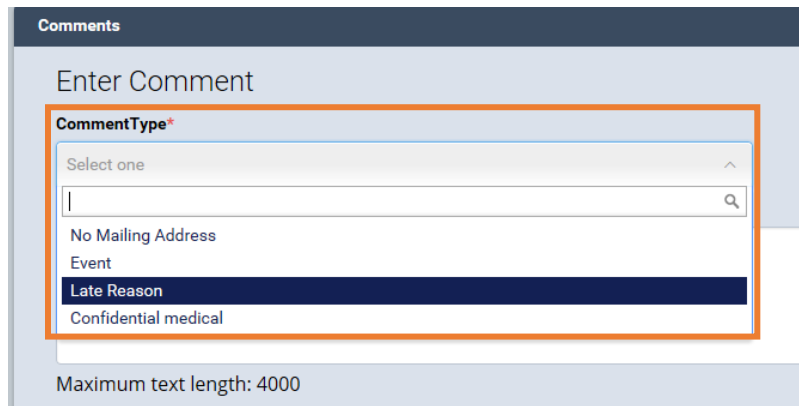
The screenshot shows a confirmation dialog box with a white background and a dark grey border. The text inside reads: "Are you sure you want to External Request to Abandon ? Press OK to continue, Cancel to abort." At the bottom right, there are two buttons: "Cancel" and "OK". The "OK" button is highlighted with an orange border. There is a close button (X) in the top right corner.

33. Comments

1. Under **Other Links**, select the **Comments** tab.



2. When the **Comments** page appears, select a **Comment Type** from the drop-down list. The choices are **No Mailing Address**, **Late Reason**, **Event** or **Confidential Medical**.



- 3. Enter a comment of up to 4000 characters in the **Comment** field. Click **Save Comment**.

Enter Comment

CommentType*
Confidential medical

Comment*
This is my reason

Maximum text length: 4000

Save Comment Clear

- 4. A “Comment saved” notice will appear. You can see all the comments regarding a case at the bottom of the screen, including an option to **Edit** or **Delete** comments.

Comments

Enter Comment

CommentType*
Select one

Comment*

Maximum text length: 4000

Save Comment Clear

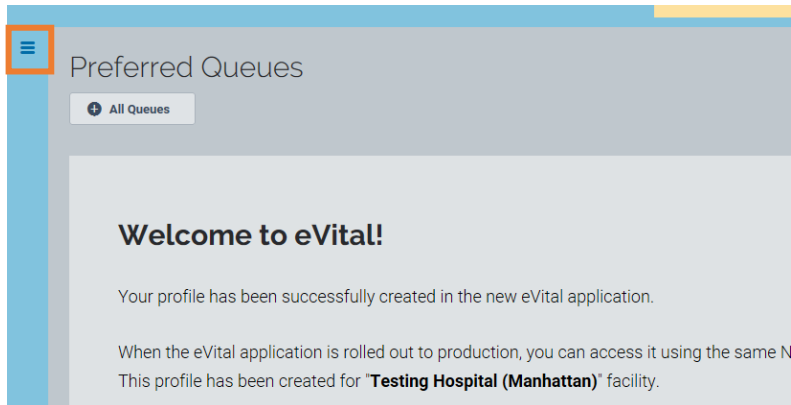
Comment saved

Filter:

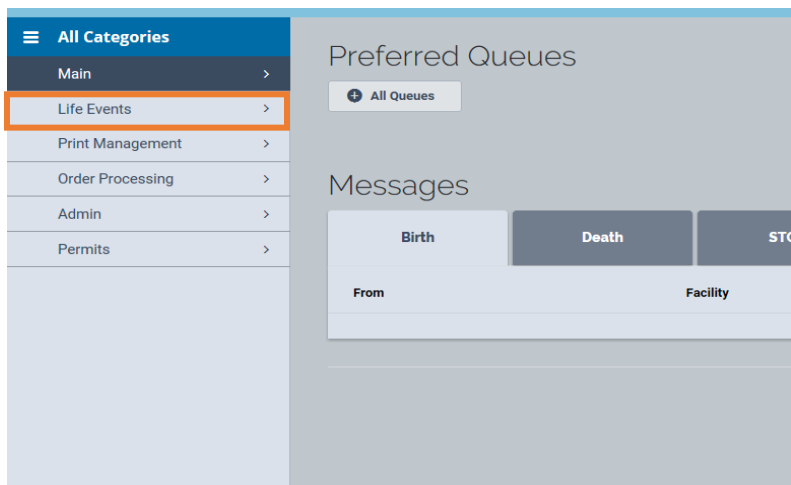
Comment Type	Date Entered	Entered By	Comment	Edit	Delete
Confidential medical	2/23/2018 2:55:56 PM	Terri Clothe	This is my reason		

34. Locating an Existing Birth Case

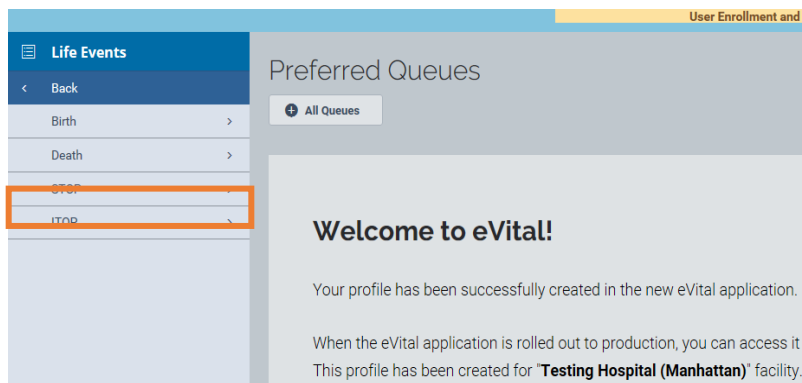
1. Click the **menu icon** to the left of **Preferred Queues**.



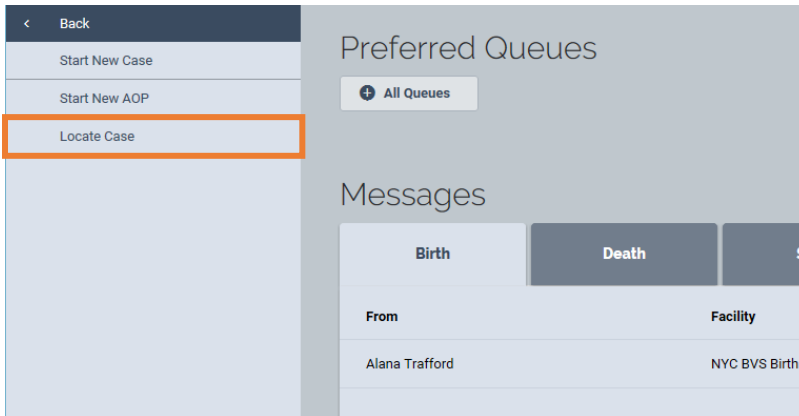
2. From the **All Categories** menu, select **Life Events**.



3. From the **Life Events** menu, select **Birth**.



- From the **Birth** menu, select **Locate Case**.



- Enter the available information in the corresponding fields of the **Locate Birth Case** form and click **Search**.

Note: Enter as little or as much information as you wish in order to search for a case.

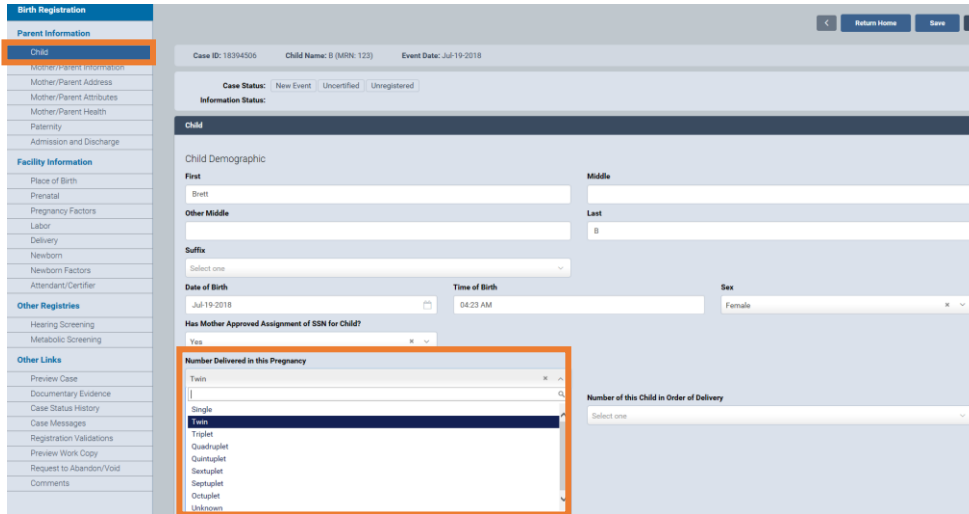
The screenshot shows the 'Locate Birth Case' form. It has a dark blue header with the title 'Locate Birth Case'. The form is divided into two columns of input fields. The left column includes: 'Child's First Name', 'Child's Middle Name', 'Child's Date of Birth' (with a calendar icon), 'Mother's Maiden Name (Prior to first marriage)', 'Case ID', and 'Mother's Medical Record Number'. The right column includes: 'Child's Last Name', 'Child's Other Middle Name', 'Sex' (with a dropdown menu), 'Mother's Current Legal Last Name', 'Child's Medical Record Number', and 'Place Of Birth Location Type' (with a dropdown menu). At the bottom right, there are 'Clear' and 'Search' buttons. The 'Search' button is highlighted with an orange border.

- A list of matching **Birth** cases will appear. You can click any **Case ID** to open a case or click the **Preview** button to preview the details of a case.

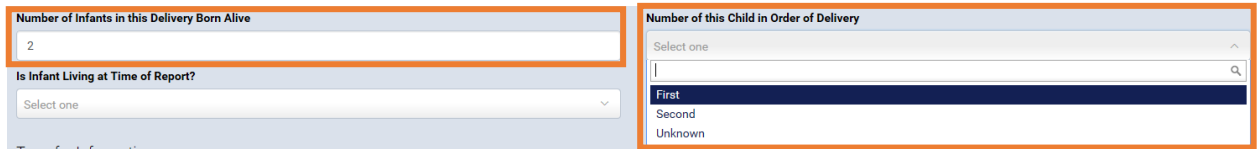
Case ID	Child's Name	Mother's Medical Record Number	Child's Medical Record Number	Date of Birth	Sex	Birth Location	Registration Status	
18296714	Rube,	87654321	12345678	Feb/13/2018	Male		Unregistered	Preview
18296712	Rube, Bruce	7654321	1234567	Feb/13/2018	Male	Manhattan	Unregistered	Preview

35. Plural Deliveries

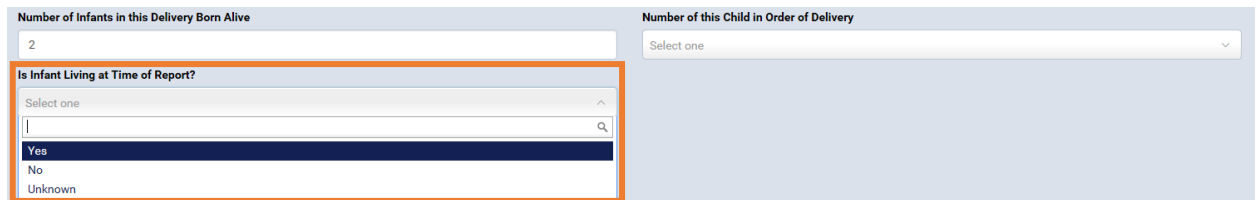
1. Under **Parent Information**, select the **Child** tab. Enter all necessary information. In the **Number Delivered in This Pregnancy** field, select **Twin** from the drop-down list.



2. Enter the **Number of Infants in this Delivery Born Alive** and the **Number of this Child in Order of Delivery**.

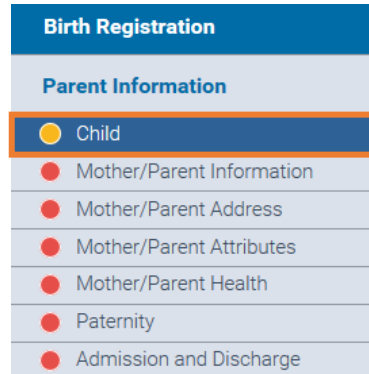
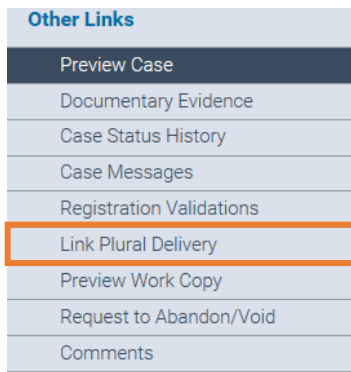


3. In the **Is Infant Living at Time of Report?** field, select **Yes**, **No** or **Unknown** from the drop-down list. Click **Save**.

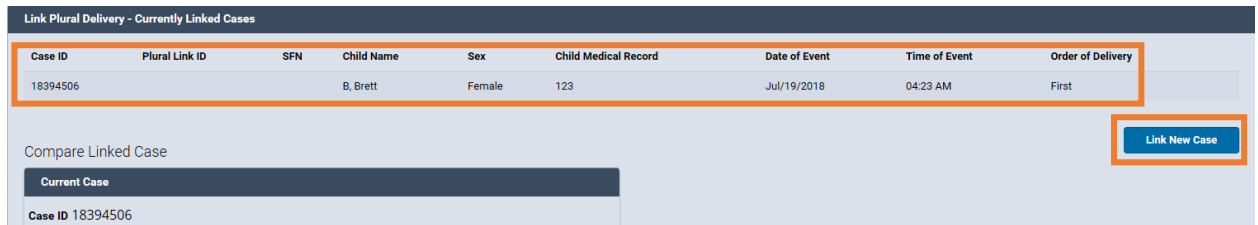


- On the **Birth Registration Menu**, within the **Other Links** section, a new tab will appear titled **Link Plural Delivery**. Click this tab.

Note: Linking cases can be done at any point during the registration process. Upon linking, any information entered on the first case that is applicable to the second case will copy over. If new information is added to the first case *after* clicking **Link New Case**, it will not copy over to the second case, so it is recommended to wait until all tabs under **Parent Information** and **Facility Information** are complete before linking the cases. The **Child** tab will appear orange until the cases are properly linked.



- The current case information will appear at the top of the screen. Click **Link New Case**.



- Fill out the required information. **Event Type** will always default to **Birth**. Click **Search**.

Note: If only one child was born alive and the other was a stillborn, you must manually change the **Event Type** to **Fetal Death** when linking cases. This will create a **STOP** registration instead of a **Birth** registration.

Link New Case

Search Birth/Fetal-Death Case

Event Type*
Birth

Child's Date of Birth*
Jul-19-2018

Child's Sex*
Select one

Child's Medical Record Number*
124

Mother's Maiden Name (Prior to first marriage)
Kass

Child's Last Name*
B

Mother's Medical Record Number*
321

Clear Search

7. Click **Create New Case**.

Link New Case

Search Birth/Fetal-Death Case

Clear Search **Create New Case**

There are no cases that match the criteria you have entered.

8. The second case will now appear on the **Link Plural Delivery** screen. Click **Compare** to compare the two cases side by side. Click **Unlink** to disassociate these two cases.

Link Plural Delivery - Currently Linked Cases

Case ID	Plural Link ID	SFN	Child Name	Sex	Child Medical Record	Date of Event	Time of Event	Order of Delivery
18394506	124792		B, Brett	Female	123	Jul/19/2018	04:23 AM	First
18394507	124792		B,	Female	124	Jul/19/2018		

Compare Unlink

9. Once you return to the original case, the **Child** tab will turn green after clicking **Save**.