



HOW DO I REPORT BIRTHS IN EVERS?

Log into NYC MED first via web address www.nyc.gov/nycmed

The screenshot shows the NYC MED login page in Internet Explorer. The browser address bar shows <https://a816-healthpsi.nyc.gov/NYCMED/Account/Login>. The page header includes the NYC Health logo and navigation options like 'Select Language' and 'Text-Size'. The main content area features a 'Sign-Up For a NYC MED Account' section, a 'HEALTH ALERT NETWORK' section, and a 'Sign in with your NYC MED Account' form. The form has fields for 'Enter your User ID' and 'Password', a 'Sign in' button, and links for 'Create an account' and 'I don't know my password'. Below the form is a 'Need Help?' section with contact information for the NYC MED helpdesk. At the bottom, there is an 'APPLICATIONS' section with three columns of services: Agency Services, Community Services, and Provider Services.

Sign-Up For a NYC MED Account
NYCMED is the point of entry for providers to access many NYC...
Learn about and access other reporting platforms and services at

HEALTH ALERT NETWORK
The Health Alert Network (HAN) contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers in New York City may access the HAN.

Go to HAN [Join HAN](#) [Unsubscribe HAN](#)

Sign in with your NYC MED Account

Enter your User ID
Password
[Sign in](#)
[Create an account](#)
[I don't know my password](#)

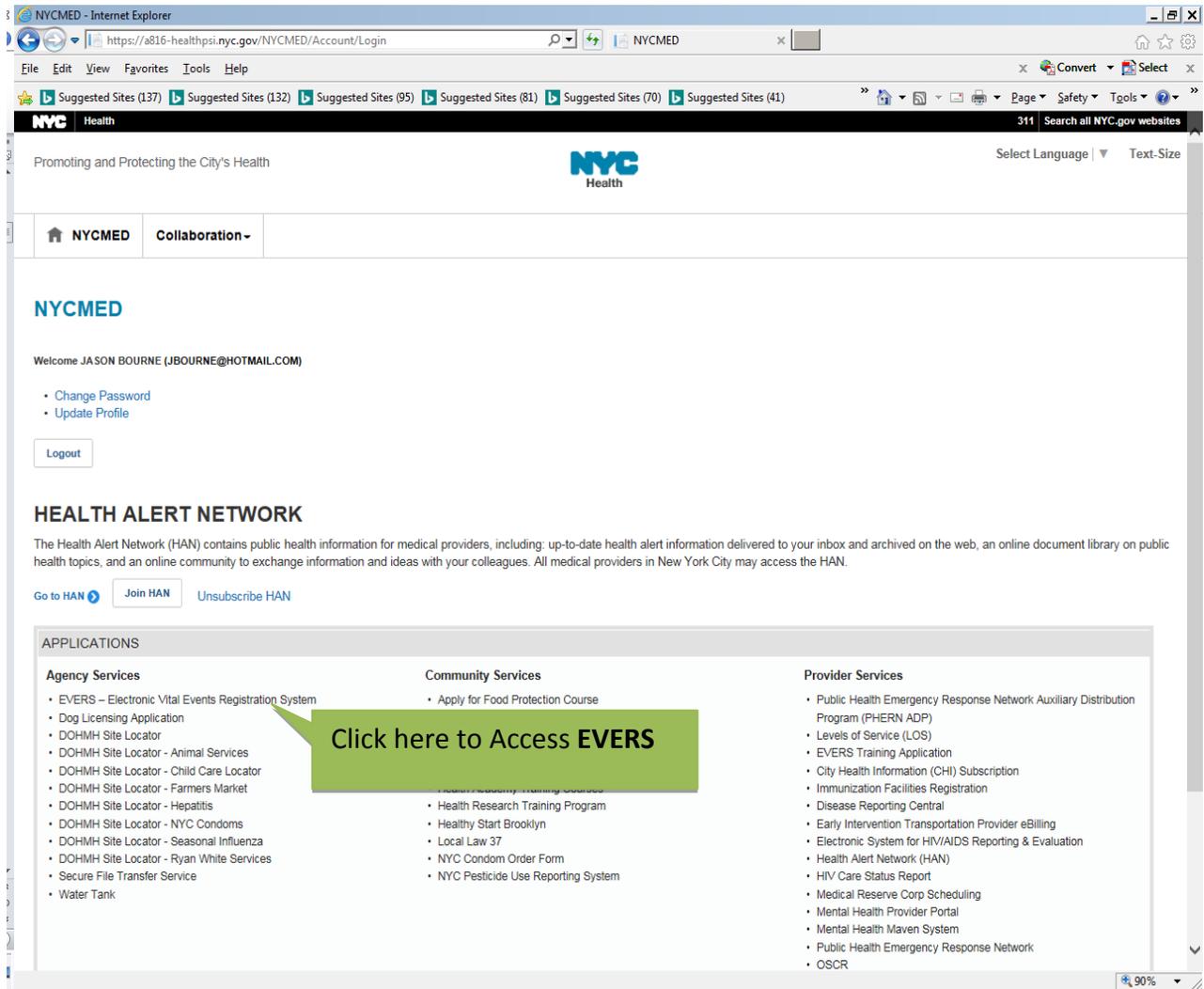
Need Help? I don't know my username or having other problems signing in?
NYCMED Email: nycmed@health.nyc.gov
Helpdesk: 1-888-NYCMED-9

APPLICATIONS

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none">• EVERS – Electronic Vital Events Registration System• Dog Licensing Application• DOHMH Site Locator• DOHMH Site Locator - Animal Services• DOHMH Site Locator - Child Care Locator• DOHMH Site Locator - Farmers Market• DOHMH Site Locator - Hepatitis• DOHMH Site Locator - NYC Condoms• DOHMH Site Locator - Seasonal Influenza• DOHMH Site Locator - Ryan White Services• Secure File Transfer Service• Water Tank	<ul style="list-style-type: none">• Apply for Food Protection Course• Childcare Connect• Environmental Data Exchange Network• Epi Query• Group Child Care and Summer Camp Orientation• Health Academy Training Courses• Health Research Training Program• Healthy Start Brooklyn• Local Law 37• NYC Condom Order Form• NYC Pesticide Use Reporting System	<ul style="list-style-type: none">• Public Health Emergency Response Network: Auxiliary Distribution Program (PHERN ADP)• Levels of Service (LOS)• EVERS Training Application• City Health Information (CHI) Subscription• Immunization Facilities Registration• Disease Reporting Central• Early Intervention Transportation Provider eBilling• Electronic System for HIV/AIDS Reporting & Evaluation• Health Alert Network (HAN)• HIV Care Status Report• Medical Reserve Corp Scheduling

Enter your NYC MED username and password and click Sign in

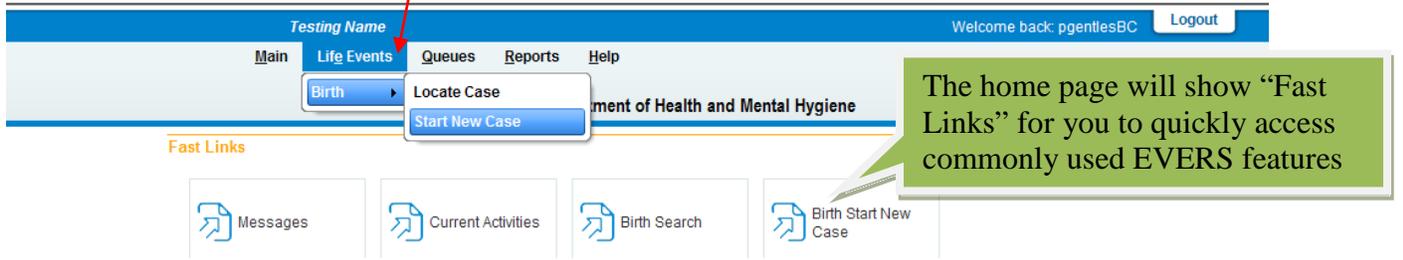
For Assistance with your NYC MED login call the NYC MED helpdesk



Log into EVERS. This username and password can be obtained from your system administrator.



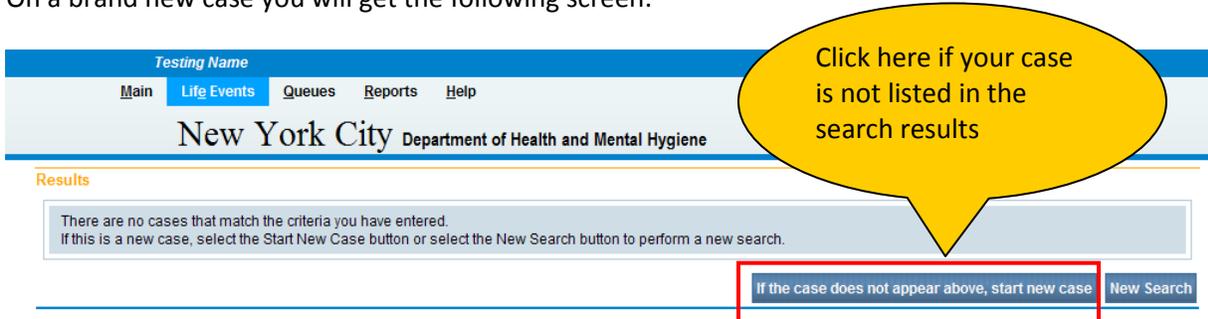
First click **Life Events, Birth, and Start Edit New Case**



You must enter **Last Name, Date of Child's Birth, Sex, Child's Medical Record Number** and **Mother's Medical Record Number** to start your case. The required fields are marked by a 

Please Note: Medical Record numbers are required to be entered twice to verify accuracy. (The medical record numbers are not required fields for midwives who are not associated with a hospital.)

On a brand new case you will get the following screen:



The system creates a new record and takes you to the **Child** page where you may begin entering data. The information you entered into the Start New Case page will be filled into the appropriate data fields by the system.

The certificate is divided into **two sections**: Parent Information and Facility Information.

Testing Name

Main Life Events Queues Reports Help

New York City Department of Health and Mental Hygiene

12513557 Medical Record Numbers: 22222, 11111 :Training DEC-03-2012
/New Event/New Event/Uncertified/Not Registered

Birth Registration Menu

- Parent Information
- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent Attributes
- Mother/Parent Health
- Paternity
- Facility Information
- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Admissions and Discharges
- Attendant/Certifier
- Other Registries
- Hearing Screening
- Metabolic Screening
- Immunization
- Other Links
- Comments
- Returned Mail
- Validate Registration

Child

Name of Child

First Middle Other Middle Last Suffix

Test Training

Date of Child's Birth Time of Child's Birth Sex

DEC-03-2012 08:45 AM Female

Has mother/parent approved assignment of SSN for child? Foundling Baby

Yes No

Validate Page Next Clear Save Return

Pages (or screens) are grouped into sections with related information, and follow the order of the data items found on the worksheets. The pages under “**Parent Information**” consist of information mostly from the Mother’s Worksheet (form VR-203), while the pages under “**Facility Information**” consist of information from the Facility Worksheet for Newborn Registration (form VR-204)

Child Page

Enter data on the **Child** page, validate the page and then go to the next page.

Main Life Events Queues Reports Help

New York City Department of Health and Mental Hygiene

12513557 Medical Record Numbers: 22222, 11111 :Training DEC-03-2012
/New Event/New Event/Uncertified/Not Registered

Birth Registration Menu

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- Paternity
- Facility Information
- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn

Child

Name of Child

First Middle Other Middle Last Suffix

Test Training

Date of Child's Birth Time of Child's Birth Sex

DEC-03-2012 08:45 AM Female

Has mother/parent approved assignment of SSN for child? Foundling Baby

Yes No

Validate Page Next Clear Save Return

Validate Page checks for errors and save the data. There are two types of errors, **Hard Edits** which appear in **Red**, and **Soft Edits** which appear in **Yellow**. Hard Edits are errors that must be addressed and corrected or the birth certifier will not be able to sign the certificate. Soft Edits are errors that must be addressed, and if needed, must be overridden or the birth certifier will not be able to sign the certificate. **See page 6 for how to override soft edits.**

Mother/Parent Page

If the mother/parent's maiden name is the same as the current legal name, click on **Copy Current Legal Name** and override the Error Message.

12513557 Medical Record Numbers: 22222, 11111 : Test Training DEC-03-2012
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Medical Pending/Legal Pending/Geo Coder Failed/Birth GIS coding Required/Birth FIPS coding Required

Mother/Parent

Mother/Parent's Current Legal Name

First Middle Last Suffix
Jackie [] Brown []

Copy Current Legal Name

Mother/Parent's Maiden Name (Prior to First Marriage)

First Middle Last Suffix
Jackie [] Brown []

Mother/Parent's Date of Birth Age Mother/Parent's SSN Sex
JAN-22-1984 28 014-78-5245 None Unknown Female

Mother/Parent's Birthplace

Birthplace City or Town Birthplace State Birthplace Country
New York New York United States

Never lived in United States

If born outside of the United States, how long lived in the US? (years)
(Or if < 1 YR, months)

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

BR0630: Mothers current last name is the same as maiden name
Verify that mothers maiden name and current name are the same. Enter valid name if incorrect.

fix fix

Clicking the **Auto-calculate** button  will auto-fill the age field, calculated from the date of birth that was entered.

The  icon is called the Places icon. It allows for selection of a place from a drop-down list. Use of this icon is strongly recommended as it will fill in proper capitalization, spelling, and placement of place names. Data can also be entered by typing the information directly into each field, but it is NOT the preferred method.

Example of a Soft Edit:

If you get the below error message, the system is indicating that the mother/parent's current last name and maiden name are the same and prompting you to verify if the information is correct or not. If the information is correct, then you **MUST** override the error message. First, check the **Override** box, then click **Save Overrides**.

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

BR0630: Mothers current last name is the same as maiden name
Verify that mothers maiden name and current name are the same. Enter valid name if incorrect.

fix fix

Please note the errors will remain yellow after being overridden, but the birth certifier will be able to sign the certificate.

Mother/Parent Address Page

If the Usual Residence Address and the Mailing Address are the same, click on the **Same As Residence Address** checkbox to copy the information from the Residence Address fields into the Mailing Address fields.

Testing Name Welcome back: pgentlesBC Logout

Main Life Events Queues Reports Help

New York City Department of Health and Mental Hygiene

12513557 Medical Record Numbers: 22222, 11111 :Test Training DEC-03-2012
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Medical Pending/Legal Pending/Geo Coder Failed

Mother/Parent's Address

Mother/Parent's Usual Residence

Street Number: 123 Pre Directional: E Street Name, Rural Route (No P.O. Box, etc.): Main Street Designator: Street Post Directional: Apt #, Suite #, etc.: 2B

City or Town: New York County: New York State: New York Country: United States Zip Code: [Red]

Inside City Limits: Yes

Mailing Address

Same As Residence Address: No Mailing Address:

In Care Of: [Blank]

Street Number: 123 Pre Directional: SE Street Name, Rural Route (No P.O. Box, etc.): Main Street Designator: Street Post Directional: Apt #, Suite #, etc.: 2B

City or Town: New York County: New York State: New York Country: United States Zip Code: [Yellow]

Mother's Telephone Numbers

Day: 212-555-4444 Ext: Evening: 212-555-4444

Validate Page Next Clear Save Return

If you check **No Mailing Address** You must enter a no mailing address comment. Click on **Comments**, click **New Comment**, select Comment Type: **No Mailing Address**. Click Save and then click Close.

Example of a Hard Edit:

Mother/Parent's Usual Residence

Street Number: 123 Pre Directional: E Street Name, Rural Route (No P.O. Box, etc.): Main Street Designator: Street Post Directional: Apt #, Suite #, etc.: 2B

City or Town: New York County: New York State: New York Country: United States Zip Code: [Red]

Inside City Limits: Yes

Validation Results [List All Errors](#) [Save Overrides](#) [Hide](#)

Error Message [Override](#) [Goto Field](#) [Popup](#)

BR0274: Mother's Residence Address Zip code cannot be blank.
Enter a valid Zip code for the Mother's Residence Address. SSN will not be sent without a valid zipcode.

[fix](#) [fix](#)

Hard edits are indicated in red and will remain red until the missing/correct data is entered for the case. Hard edits, unlike soft edits, cannot be overridden. Therefore, correct data **MUST** be entered in the field in order to continue with and complete the certificate. Enter the missing information, **Validate Page** and click **Next** to go to the next page.

Mother/Parent Attributes Page

12513557 Medical Record Numbers: 22222, 11111 :Test Training DEC-03-2012
 /Legal Invalid/Medical Invalid/Uncertified/Not Registered/Medical Pending/Legal Pending/Geo Coder Failed

Mother/Parent's Attributes

Education
 Mother/Parent's Education: Bachelor's degree

Was Mother/Parent Employed during pregnancy? Yes

Current/Most Recent Occupation: Nurse
 Kind of Business or Industry: Hospital

Ancestry
 (Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
 Hispanic Origin: [dropdown] If Other, Specify: [text box]

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
 Other Specify: African American [look-up icon]

Unknown

Race as defined by the U.S Census (Check one or more to indicate what the Mother/Parent considered herself/himself to be)

White Japanese Guamanian or Chamorro
 Black or African American Korean Samoan
 American Indian or Alaska Native (specify tribe) Vietnamese Other Pacific Islander (specify)
 Asian Indian Other Asian (specify) Other (Specify)
 Chinese Native Hawaiian Unknown
 Filipino

Buttons: Validate Page, Next, Clear, Save, Return

If the Ancestry is Hispanic, check the Hispanic button, then click on the dropdown and specify the Hispanic Origin.

If the Ancestry is Non-Hispanic, click the Lookup and enter the Non-Hispanic origin.

The  icon is called the **Look-up** icon. If you are specifying a non-Hispanic ancestry, you must choose the ancestry from the Look-up menu.

Ancestry
 (Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
 Hispanic Origin: [dropdown] If Other, Specify: [text box]

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
 Other Specify: [text box]  

Unknown

A pop up window will be displayed as follows:

Search window with fields: Description, Search, Cancel

Enter the first letter of the ancestry, and then the % sign to do a wild-card search. For example, to search for and select ancestry “**African American**” you would enter **A%** in the **Description** field and click the **Search** button. Clicking the Search button will display all records starting with an A in the search results list as shown below:

Mother/Parent's Education: Bachelor's degree

Description: a% **Search**

Id	Description	
2169	Afghan	select
2170	African American	select
2171	Albanian	select
2172	Aleutian	select
2173	Algerian	select
2457	American	select
2175	Amish	select
2176	Andorran	select
2177	Anglo Saxon	select
2178	Angolan	select

First 1 2 Last Total records : 18 **Cancel**

Click the select link beside the ancestry you want and it will populate the **Non-Hispanic** ancestry field on the screen as indicated below:

Ancestry
(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
Hispanic Origin: If Other, Specify:

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
Other Specify:

Unknown

African American 

Click the Eraser if you wish to clear the Non-Hispanic data.

Mother/Parent Health Page

Enter all necessary information on mother/parent's health. Validate Page and then Click Next.

- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent Attributes
- Mother/Parent Health**
- Paternity
- Facility Information
- Place of Birth
- Prenatal
- Pregnancy Factors
- Labor
- Delivery
- Newborn
- Newborn Factors
- Admissions and Discharges
- Attendant/Certifier
- Other Registries
- Hearing Screening
- Metabolic Screening
- Immunization
- Other Links
- Comments
- Returned Mail
- Validate Registration

Mother/Parent's Health

Did mother/parent participate in WIC?

Mother/Parent's Height Mother/Parent's Pre-Pregnancy Weight Mother/Parent's Weight at Delivery

Cigarette smoking

Cigarette Smoking (per day) in the 3 Months Before or During Pregnancy?

3 mo. before pregnancy.

First 3 mo. of pregnancy.

Second 3 mo. of pregnancy.

Third trimester of pregnancy.

Alcohol use during this pregnancy

Illicit and other Drugs Used

Illicit and other Drugs Used During this Pregnancy? (If yes, check all that apply.)

Heroin Methadone Marijuana Tranquilizers None of the above
 Cocaine Methamphetamine Sedatives Anticonvulsants Unknown

Did you receive prenatal care?

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)

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

How many times per week during your current pregnancy did you exercise for 30 minutes or more, above your usual activities? (# times per week)

Did you have any problems with your gums at any time during pregnancy, for example, swollen or bleeding gums?

During your pregnancy, would you say that you were: (Check one only)

Thinking back to just before you were pregnant, how did you feel about becoming pregnant? (Check one only)

Paternity Page

You must answer the “Are you entering Father/Parent’s information” question on the Paternity page. Select the appropriate choice from the drop-down and **Validate Page**.

- Birth Registration Menu
- Parent Information
- Child
- Mother/Parent
- Mother/Parent Address
- Mother/Parent Attributes
- Mother/Parent Health
- Paternity**
- Father/Parent
- Father/Parent Attributes

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/Legal Valid with exceptions/Medical Valid/Uncertified/Not Registered/AOP Pending Completion/Birth Certification Required/AOP Pending

Father/Parent's Information

Are you entering Father/Parent's information?

You will only be able to see the **Father/Parent** and **Father/Parent Attributes** screens if your answer is “**Yes, Married**” or “**Yes, Paternity Acknowledgment.**” *(Please refer to guidelines for using the print AOP function in EVERS).* If you selected either of the “Yes” answers, entered the father’s information, and subsequently wish to remove the father’s information for any reason (for example, the Office of Vital Records asks you to remove the Father because of an error or information missing on the AOP), you can change the answer to “No” and the father’s information will be removed from the record.

Father/Parent Page

Enter father/parent's information accordingly. **See page 5 (Mother/Parent Page) for instructions.** Validate Page and then Click Next.

Testing Name Welcome back: pgentlesBC Logout

Main Life Events Queues Reports Help

New York City Department of Health and Mental Hygiene

12513557 Medical Record Numbers: 22222, 11111 : Test Training DEC-03-2012
/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Medical Pending/Legal Pending/Geo Coder Failed/AOP Pending Completion/AOP Pending

Father/Parent

Father/Parent's Name

First Middle Last Suffix
Mike Training

Father/Parent Date of Birth Age Father/Parent's SSN Sex
JAN-01-1970 42 222-22-2222 None Unknown Male

Father/Parent's Birthplace

Father/Parent's City or Town Birthplace State Birthplace Country
Brooklyn New York United States

Never lived in United States

If born outside of the United States, how long lived in the US? (years)
(If < 1 YR, months)

Validate Page Next Clear Save Return

Father/Parent Attributes Page

Enter father/parent's information accordingly. **See pages 7-8 (Mother/Parent Attributes Pages) for instructions.** Validate Page and then Click Next.

Testing Name Welcome back: pgentlesBC Logout

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New York City Department of Health and Mental Hygiene

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/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Medical Pending/AOP Pending Completion/Geo Coder Failed/AOP Pending

Father/Parent's Attributes

Education

Education Associate degree

Current/Most Recent Occupation Sales

Kind of Business or Industry Retail

Ancestry
(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
Hispanic Origin If Other, Specify

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
Other Specify:
African American

Unknown

Race as defined by the U.S Census (Check one or more to indicate what the Father/Parent considered himself/herself to be)

White Japanese Guamanian or Chamorro
 Black or African American Korean Samoan
 American Indian or Alaska Native (specify tribe) Vietnamese Other Pacific Islander (specify)
 Asian Indian Other Asian (specify) Other (Specify)
 Chinese Native Hawaiian Unknown
 Filipino

Validate Page Next Clear Save Return

Place of Birth Page

Testing Name Welcome back: pgentlesBC Logout

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/Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Medical Pending/AOP Pending Completion/Geo Coder Failed/AOP Pending

Place of Birth

Type of Place Other Specify

Name of Hospital or other facility (if not facility, street address)

Address

Borough

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="125"/>	<input type="text" value=""/>	<input type="text" value="Worth"/>	<input type="text" value="Street"/>	<input type="text" value=""/>	<input type="text" value="204"/>

City or Town	County	State	Country	Zip Code
<input type="text" value="New York"/>	<input type="text" value="New York"/>	<input type="text" value="New York"/>	<input type="text" value="United States"/>	<input type="text" value="10013"/>

Birth Registration Menu

- Parent Information
 - Child
 - Mother/Parent
 - Mother/Parent Address
 - Mother/Parent Attributes
 - Mother/Parent Health
 - Paternity
 - Father/Parent
 - Father/Parent Attributes
- Facility Information
 - Place of Birth**
 - Prenatal
 - Pregnancy Factors
 - Labor
 - Delivery
 - Newborn
 - Newborn Factors
 - Admissions and Discharges
 - Attendant/Certifier
- Other Registries
 - Hearing Screening
 - Metabolic Screening
 - Immunization
- Other Links
 - Comments
 - Returned Mail
 - Validate Registration

The system automatically fills in the place of birth information based upon the user profile of the person who is logged in to enter the data. Therefore, if logged in as a hospital or birthing center site, the information for the Place of Birth page should fill in automatically.

The facility name and address entered by the system should be correct and cannot be edited. If there are errors in the name or address of your institution, you must notify the Constituent Services Unit at (646) 632-6705.

If the birth occurred at a location other than the usual site (e.g. home birth, en route to the hospital in an ambulance, or other location such as street), you may change the **Type of Place** selection and provide the location of birth information.

Prenatal Page

Enter information from the Facility Worksheet for Newborn Registration (form VR-204).

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New York City Department of Health and Mental Hygiene

Birth Registration Menu 12513557 Medical Record Numbers: 22222, 11111 :Test Training DEC-03-2012

Parent Information /Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Medical Pending/AOP Pending Completion/AOP Pending

- Child
- ▶ Mother/Parent
- ▶ Mother/Parent Address
- ▶ Mother/Parent Attributes
- ▶ Mother/Parent Health
- ▶ Paternity
- ▶ Father/Parent
- ▶ Father/Parent Attributes

Facility Information

- ▶ Place of Birth
- ▶ Prenatal
- ▶ Pregnancy Factors
- ▶ Labor
- ▶ Delivery
- ▶ Newborn
- ▶ Newborn Factors
- ▶ Admissions and Discharges
- ▶ Attendant/Certifier

Other Registries

- Hearing Screening
- Metabolic Screening
- Immunization

Other Links

- Comments
- Returned Mail
- Validate Registration

Prenatal

Mother/Parent's Record No Mother/Parent's Medicaid # Primary Payor (check one)

Date Last Normal Menses Began Is Mother/Parent Enrolled in an HMO or other managed care plan?

Prenatal Care

Did the mother receive prenatal care?

Date of First Prenatal Care Visit Date of Last Prenatal Care Visit Total Number of Prenatal Visits for this Pregnancy

Primary Prenatal Care Provider Type

Total Number of Previous Live Births

Total Number of Previous Live Births Number born alive and now living Number born alive and now dead

Date of First Live Birth Date of Last Live Birth

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

Number Preterm (<37 wks) Number Low Birth Weight (<2500 grams or 5 lbs 8 oz)

Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)

Total Number of other Pregnancy Outcomes 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 Number of Induced Terminations of Pregnancy

Click **Validate Page** and then click **Next**.

Pregnancy Factors Page

Enter information accordingly, Click **Validate Page** and then click **Next**.

Testing Name: Welcome back: pgentlesBC Logout

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/_Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Medical Pending/AOP Pending Completion/AOP Pending

Pregnancy Factors

Risk Factors for this Pregnancy (Check all that apply)

<input type="checkbox"/> Pre-pregnancy diabetes	<input type="checkbox"/> Asthma/Acute or chronic lung disease	<input type="checkbox"/> Prelabor referral for high risk care
<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Rh sensitization	<input type="checkbox"/> Other vaginal bleeding
<input type="checkbox"/> Pre-pregnancy hypertension	<input type="checkbox"/> Polyhydramnios	<input type="checkbox"/> Previous cesarean section
<input type="checkbox"/> Gestational hypertension	<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Infertility treatment - Fertility Drugs, artificial/intrauterine insemination
<input type="checkbox"/> Cardiac Disease: Structural defect	<input type="checkbox"/> Hemoglobinopathy	<input type="checkbox"/> Infertility treatment - Assisted reproductive technology (e.g. IVF, GIFT)
<input type="checkbox"/> Cardiac Disease: Functional defect	<input type="checkbox"/> Abruptio placenta	<input type="checkbox"/> Fetal Reduction
<input type="checkbox"/> Other serious chronic illness	<input type="checkbox"/> Eclampsia	<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Anemia (Hct.<30/Hgb.<10)	<input type="checkbox"/> Other previous poor pregnancy outcome	<input type="checkbox"/> Unknown

Infections Present and / or Treated During this Pregnancy (Check all that apply)

<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Herpes Simplex (HSV)	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Bacterial Vaginosis	<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Unknown
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Rubella			

Obstetric Procedures (Check all that apply)

<input type="checkbox"/> Cervical cerclage	<input type="checkbox"/> External Cephalic Version: Failed	<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Tocolysis	<input type="checkbox"/> Fetal genetic testing	<input type="checkbox"/> Unknown
<input type="checkbox"/> External Cephalic Version: Successful		

If woman was 35 or over, was fetal genetic testing offered?

Validate Page **Next** Clear Save Return

Labor Page

Enter information, click **Validate Page** and then click **Next**.

Testing Name: Welcome back: pgentlesBC Logout

Main Life Events Queues Reports Help

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/_Legal Valid with exceptions/Medical Invalid/Uncertified/Not Registered/Medical Pending/AOP Pending Completion/AOP Pending

Labor

Onset of Labor (Check all that apply)

<input type="checkbox"/> Prolonged rupture of membranes (12 hours of more)	<input checked="" type="checkbox"/> Prolonged labor (20 hours or more)
<input type="checkbox"/> Premature rupture of membranes (prior to labor)	<input type="checkbox"/> None of the above
<input type="checkbox"/> Precipitous labor (less than 3 hours)	<input type="checkbox"/> Unknown

Characteristics of Labor and Delivery (Check all that apply)

<input type="checkbox"/> Induction of Labor - AROM	<input type="checkbox"/> Febrile (>100.4F or 38C)
<input type="checkbox"/> Induction of Labor - Medicinal	<input type="checkbox"/> Meconium staining
<input type="checkbox"/> Augmentation of Labor	<input type="checkbox"/> Fetal intolerance
<input type="checkbox"/> Placenta Previa	<input checked="" type="checkbox"/> External electronic fetal monitor
<input type="checkbox"/> Other excessive bleeding	<input type="checkbox"/> Internal electronic fetal monitor
<input type="checkbox"/> Steroids	<input type="checkbox"/> None of the above
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Unknown
<input type="checkbox"/> Chorioamnionitis	

Validate Page **Next** Clear Save Return

Delivery Page

The **Indications for Forceps** section is displayed on the Delivery page only if the answer to “**Was Delivery with Forceps Attempted but Unsuccessful?**” is “**Attempted and successful**” or “**Attempted and unsuccessful.**”

The **Indications for Vacuum** section is displayed on the Delivery page only if the answer to “**Was Delivery with Vacuum Extraction Attempted but Unsuccessful?**” is “**Attempted and successful**” or “**Attempted and unsuccessful.**”

Delivery

Method of Delivery

Was Delivery with Forceps Attempted but Unsuccessful?

Indications for Forceps (Select all that apply)

Failure to progress Other Unknown

Fetus at Risk

Was Delivery with Vacuum Extraction Attempted but Unsuccessful?

Indications for Vacuum (Select all that apply)

Failure to progress Unknown Other

Fetus at Risk

Fetal Presentation at Birth

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

Indications for C-Section (Select all that apply)

Failure to progress Maternal Condition-not related pregnancy related Elective

Malpresentation Maternal condition-pregnancy related Other

Previous C-section Refused VBAC Unknown

Fetus at risk/NFS

Other Procedures performed at Delivery (Check all that apply)

Episiotomy & repair Repair of lacerations Unknown

Sterilization None of the above

Anesthesia (Check all that apply)

Epidural Spinal Local

General Inhalation Paracervical None of the above

General Intravenous Pudendal Unknown

Complications from any of the above

Maternal Morbidity (Check all that apply)

Maternal transfusion Admission to ICU Postpartum Transfer to a higher level of care

Perineal Laceration (3rd or 4th degree) Unplanned operating room procedure following delivery None of the above

Ruptured uterus Hemorrhage Unknown

Unplanned hysterectomy

If birth occurred in hospital, has mother transferred in before giving birth

Infant Transferred

If **Cesarean, was a Trial of Labor Attempted?** and **Indications for C-Section** are displayed on the Delivery page only if the response to “**Final Route and Method of Delivery**” is “**Cesarean.**”

“**Complications from any of the above?**” refers to **Anesthesia** only and will disappear if “**None of the above**” or “**Unknown**” is selected for Anesthesia.

Newborn Page

Enter information accordingly, click **Validate Page** and then click **Next**.

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New York City Department of Health and Mental Hygiene

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Newborn

Child's Medical Record Number: 11111

Infant Birth Weight: Pounds / Ounces: 8 | 2 Grams: []

If weight < 1250 grams (2lbs. 12 oz), reason(s) for delivery at a less than level III hospital

Rapid/Advanced Labor Woman refused transfer
 Bleeding Other Specify
 Fetus at Risk None of the above
 Severe pre-eclampsia

If none of the above was checked, select one: []

Clinical Estimate of Gestation (Completed Weeks): 42

APGAR Score: 1 Minute: 7 5 Minutes: 7 10 Minutes: []

Number delivered in this pregnancy: Single
 If more than one, number of this child in order of delivery: Not Applicable - singleton
 If not single birth, number of infants in this delivery born alive: []

Is infant living at time of report? Yes
 How is infant being fed? Breast Milk

Hepatitis B Inoculation

Immunization Administered? Yes Date Administered: DEC-04-2012
 Immunoglobulin Administered? Yes Date Administered: DEC-04-2012

Validate Page Next Clear Save Return

If APGAR Score at 5 Minutes is more than 5, the 10 Minutes is greyed out.

Newborn Factors Page

Enter information accordingly, click **Validate Page** and then click **Next**.

Newborn Factors

Abnormal Conditions of the Newborn (Check all that apply)

Assisted ventilation required immediately following delivery
 Assisted ventilation required for more than six hours
 NICU Admission
 Newborn given surfactant replacement therapy
 Antibiotics received by the newborn for suspected neonatal sepsis

Seizure or serious neurologic dysfunction
 Significant birth injury (skeletal fracture (s), peripheral nerve injury, and / or soft tissue/solid organ hemorrhage which requires intervention)
 None of the above
 Unknown

Congenital Anomalies

Select all that apply	Diagnosed Prenatally?	If Yes, please indicate all methods used:
Anencephaly	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Meningocele/Spina Bifida	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Cyanotic Congenital Heart Disease	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Congenital Diaphragmatic Hernia	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Omphalocele	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Gastroschisis	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Limb Reduction Defect	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Cleft lip with or without Cleft Palate	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Cleft Palate alone	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Down Syndrome Karyotype Confirmed	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> CVS <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Down Syndrome Karyotype Pending	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> CVS <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Down Syndrome Karyotype Pending	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> CVS <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Other Chromosomal Disorder Karyotype Confirmed	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> CVS <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Other Chromosomal Disorder Karyotype Pending	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> CVS <input type="checkbox"/> MSAFP/Triple Screen <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other
Hypospadias	[]	<input type="checkbox"/> Level II Ultrasound <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> None of those listed above		
<input type="checkbox"/> Unknown		

Validate Page Next Clear Save Return

Please Note: If you select "Yes" for any of the above Congenital Anomalies the system will automatically enable the "Diagnosed Prenatally?" question. If you select "Yes" to "Diagnosed Prenatally?" the system will additionally enable the "If Yes, please indicate all methods used:" section for each anomaly automatically.

Admissions and Discharges Page

Enter Admissions and Discharge information, click **Validate Page** and then click **Next**.

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Admissions and Discharges

Copy of prenatal record in chart? Yes, Full Record

Was formal risk assessment in prenatal chart? Yes, with Social Assessment

Was MSAFP/triple screen test offered? Yes

Was MSAFP/triple screen done? Yes

How many times was the mother/parent hospitalized during this pregnancy, not including hospitalization for delivery? 0

Discharge Information

Mother/Parent admission date for delivery (MM/DD/YYYY) DEC-03-2012

Discharge Date (MM/DD/YYYY) DEC-05-2012

Infant Discharge Date (MM/DD/YYYY) DEC-05-2012

Infant Discharge Status

Discharged Home Infant Transferred Out Infant Died at Birth Hospital Infant Discharged to Foster Care/Adoption Unknown

Infant Still in Hospital

Validate Page Next Clear Save Return

Attendant/Certifier Page

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Attendant/Certifier

Attendant at Birth

Attendant's Name First Middle Last Suffix
Patricia Certifier

Attendant's Title Other Specify
Hospital Administrator

Certifier

Certifier's Name First Middle Last Suffix
Patricia Certifier

Certifier's Title Other Specify
Hospital Administrator

Address

Edit Certifier Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
125		Worth	Street		204

City or Town State Country Zip Code
New York New York United States 10013

Date Signed

Validate Page Clear Save Return

Attendant at Birth can be typed into the Attendant fields or selected from the Attendant Look-up menu. (Follow the same steps used for selecting a Certifier below.)

You must use the Lookup  to enter the Certifier Information.

To access and select the Certifier from the Look-up menu, click on the Look-up icon .

Certifier 

Certifier's Name
First Middle Last Suffix

Certifier's Title Other Specify

A pop up window will be displayed as follows:
Enter Certifier **Last Name** and click **Search**

First Middle Last Suffix

Last Name First Name

Last Name First Name

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
	Certifier		Patricia				<input type="button" value="select"/>

Total records : 1

Click [select](#) and the **Certifier** fields will be populated.

Certifier 

Certifier's Name
First Middle Last Suffix

Certifier's Title Other Specify

Address
Edit Certifier Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt#, Suite #, etc.

City or Town State Country Zip Code

Date Signed

The name, title and address of the Certifier you selected will appear on the screen in grey.

Click **Validate Page**

Certify Page

In order to certify a birth case, you must:

- **Have the Certifier role assigned to your user account.**
- **Be biometrically enrolled. This means that you must have at least one fingerprint associated with your account for the system to verify. (The Facility EVERS Administrator will enroll your fingerprints.)**
- **Have a biometric device attached and installed on your workstation. (See your System Administrator, IT department, or the Biometric Set-up instructions.)**
- **Be logged into your account.**
- **Have your name entered into the Certifier's information on the Attendant/Certifier page in the birth record.**

EVERS will allow you to certify and authenticate the case only after all pages in the case have been validated and all edits have passed (green arrows) or soft edits have been overridden and/or corrected (yellow arrows). Once the case has achieved valid status, you will notice a Certify link appear under the **Attendant/Certifier** Page link on the left hand side of the screen in the **Birth Registration Menu**.

The screenshot shows the EVERS Birth Registration Menu interface. At the top, there is a navigation bar with 'Main', 'Life Events', 'Queues', 'Reports', and 'Help'. Below this is the 'New York City Department of Health and Mental Hygiene' header. The main content area is titled 'Birth Registration Menu' and contains a list of menu items. The 'Attendant/Certifier' section is expanded, and the 'Certify' link is highlighted in green. A callout bubble points to this link with the text 'Click on Certify'. The right side of the screen shows a validation message: 'BR0630: Mothers current last name is the same as maiden name. Verify that mothers maiden name and current name are the same. Enter valid name if incorrect.' There are 'Override', 'Goto Field', and 'Popup' buttons, and a 'Save Overrides' button.

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Validation Results Save Overrides

Error Message	Override	Goto Field	Popup
BR0630: Mothers current last name is the same as maiden name Verify that mothers maiden name and current name are the same. Enter valid name if incorrect.	<input checked="" type="checkbox"/>	fix	fix

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Affirmations

Affirm the following:

I certify that this child was born alive at the place, date and time given.

Found AE53500

Found AE53500

Affirm Clear Return

Check the Affirmation box

Note that the biometric box is white and not green

Click Affirm

You will notice the instruction 'Place finger' appears under the square.

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 - Hearing Screening
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Affirmations

Affirm the following:

I certify that this child was born alive at the place, date and time given.

Place Finger

Affirm Clear Return

Place the finger on the biometric device as instructed by your System Administrator during your initial biometric enrollment.

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Parent Information

- ▶ Child
- ▶ Mother/Parent
- ▶ Mother/Parent Address
- ▶ Mother/Parent Attributes
- ▶ Mother/Parent Health
- ▶ Paternity
- ▶ Father/Parent
- ▶ Father/Parent Attributes

Facility Information

- ▶ Place of Birth
- ▶ Prenatal
- ▶ Pregnancy Factors
- ▶ Labor
- ▶ Delivery
- ▶ Newborn
- ▶ Newborn Factors
- ▶ Admissions and Discharges
- ▶ Attendant/Certifier
- Certify**
- Other Registries

Affirmations

Affirm the following:

I certify that this child was born alive at the place, date and time given.



Affirm Clear Return

Birth Registration Menu 12513557 Medical Record Numbers: 22222, 11111 :Test Training DEC-03-2012
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Parent Information

- ▶ Child
- ▶ Mother/Parent
- ▶ Mother/Parent Address
- ▶ Mother/Parent Attributes
- ▶ Mother/Parent Health
- ▶ Paternity
- ▶ Father/Parent
- ▶ Father/Parent Attributes

Facility Information

- ▶ Place of Birth
- ▶ Prenatal
- ▶ Pregnancy Factors
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- ▶ Newborn Factors
- ▶ Admissions and Discharges
- ▶ Attendant/Certifier
- ✓ Certify**
- Other Registries
- Hearing Screening
- Metabolic Screening
- Immunization

Affirmations

Authentication successful.

Clear Return

If you see the above two screens in succession, your certification/authentication was successful. You now have a check mark next to the Certify link in the Birth Registration Menu.

Upon certification, if there is no Acknowledgment of Paternity (AOP) to be submitted with the case (you indicated the parents are married or you did not enter the father’s information), the record will be automatically registered. If you indicated there is an AOP with the case, the record will be placed in a queue to be reviewed for registration approval after the AOP form is received by the Office of Vital Records.

The case is now completed. If you click on the **Return** button, the system will take you to the Child Page. You are no longer able to edit any information on any of the pages (the data will be greyed-out). At this point, you may either Logout or you can go to Main Menu on the left hand side and Start a New Case or search for another case using the Locate Case option/link.

For questions regarding EVERS, please contact:

Constituent Services Unit
 New York City Department of Health and Mental Hygiene
 (646) 632-6705
evers@health.nyc.gov

Have you seen our website yet? Go ahead, take a look now! <http://www.nyc.gov/evers>