

# eVital Manual:

## Electronic Birth Registration Module

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

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## How do I log in to eVital?

1. To access the eVital Events Registration System, open an Internet Explorer browser and type **nyc.gov/EVERS** in the URL address bar.
2. From the Electronic Vital Events Registration System (EVERS) page, scroll down to the eVital section, “Are you an eVital administrator? To enroll your users, please click here.”
3. Click the displayed word [here](#). This is a hyperlink that will bring you to the eVital Events Registration System **Login** page.
4. On the **Login** page, type your **NYCID Email Address** and **Password**.
5. Click the **Log In** button.
6. If the user’s profile role is associated with more than one facility, you will be prompted to select a facility. Select a **Facility** from the drop down menu and click **Go To Unit**. The **Welcome to eVital Dashboard** screen will appear.

## Dashboard Icons

1. There are **Dashboard icons** that are available from the **Dashboard** screen after you login.
  - On the upper right hand corner, under Welcome is where you can find your username.
  - **Help icon**  where you can search for answers to eVital questions.
  - **My profile icon**  where you can edit personal information, such as your email address or you can also access your profile from the **Dashboard**. Click the **menu icon**. Then click **Main**. A dropdown list appears. Click **My Profile**.
  - From any screen, the **home icon**  or **NYC Health icon**  return to the **Dashboard** screen a/k/a eVital Homepage)
2. **Logout button**  to log off the eVital system.
  - a. **Menu icon**  to navigate eVital system through menu options.

## Overrides

There are two types of errors, *hard edits* which appear in red and *soft edits* which appear in orange. 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

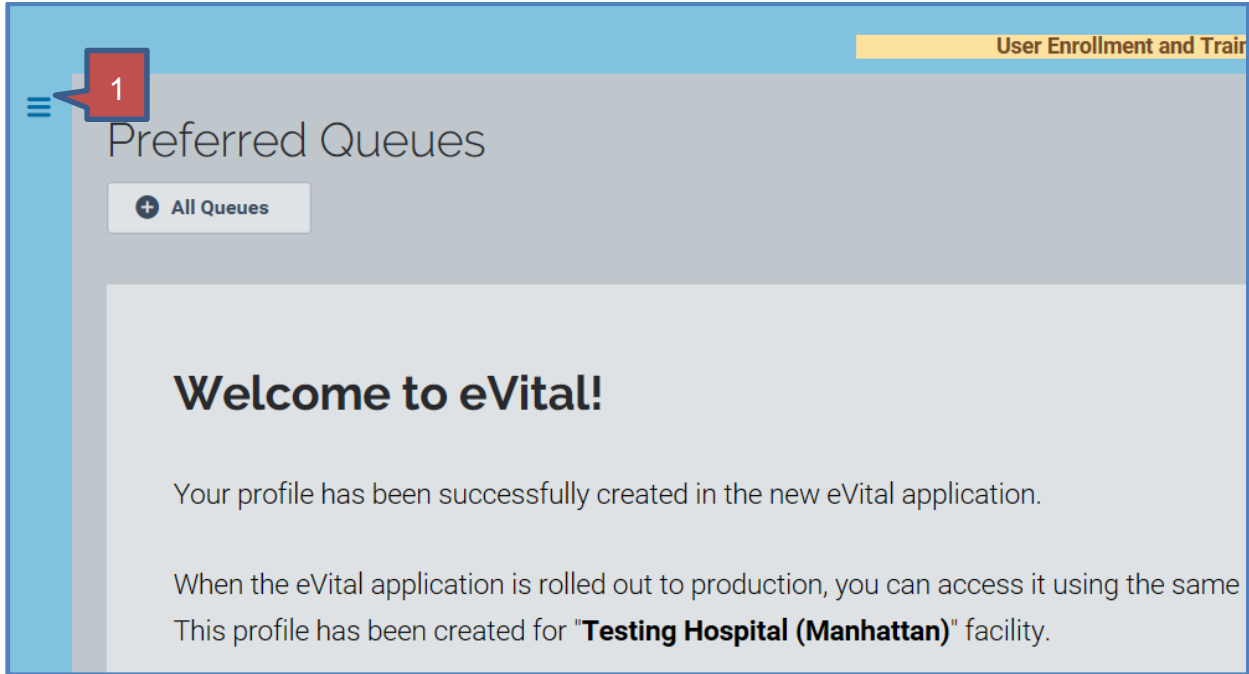
Example of a soft edit: If you get an error message, the system is prompting you to verify if the information is correct or not. If the information is correct, then you **MUST** override the error message. First, check the Override box, then click **Save Overrides**. Click **Save** then go to the next page. If you get a *soft edit with a reason*, you must type in a reason then click **Save Overrides**. Click **Save** then go the next page.

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, click **Save** then go to the next page.

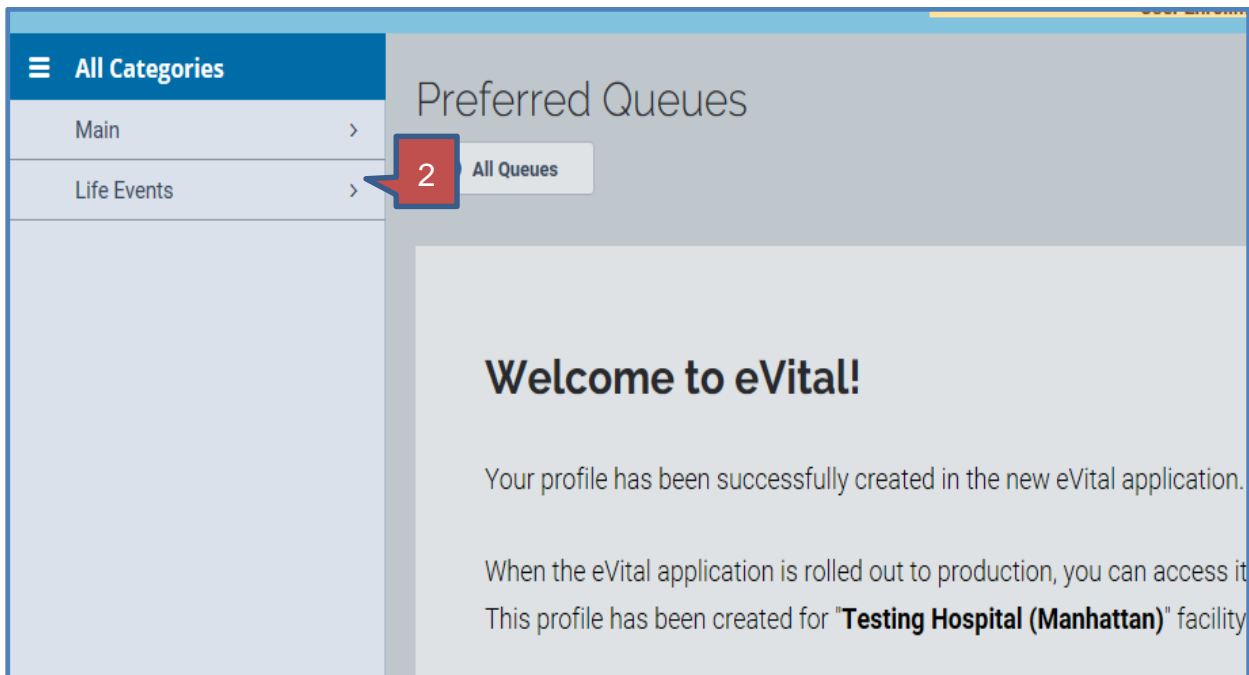
Rule ID	Message	Action Message	Override	Reason
BR0361	Plurality cannot be left blank.	Enter a valid value for plurality.		
BR0417	Mother Transferred prior to delivery cannot be left blank.	Enter a valid value for Mother transferred prior to delivery.	<input type="checkbox"/>	
BR0426	Infant transferred cannot be blank.	Enter a valid choice for Infant Transferred.		
BR0427	Is Child Alive at Time of report cannot be left blank.	Enter a Valid Value for Is Child Alive at time of report.		
BR0070	SSN Requested for Child? cannot be left blank.	Enter a valid value for SSN Requested for Child?		
BR0073	Time of Birth cannot be left blank.	Enter a valid value for Time of Birth.		
BR0058	Please verify that no first name has been given.	Enter a valid first name for the child or leave the field blank if the child has not been named	<input type="checkbox"/>	

## 1. Creating a new Birth Case

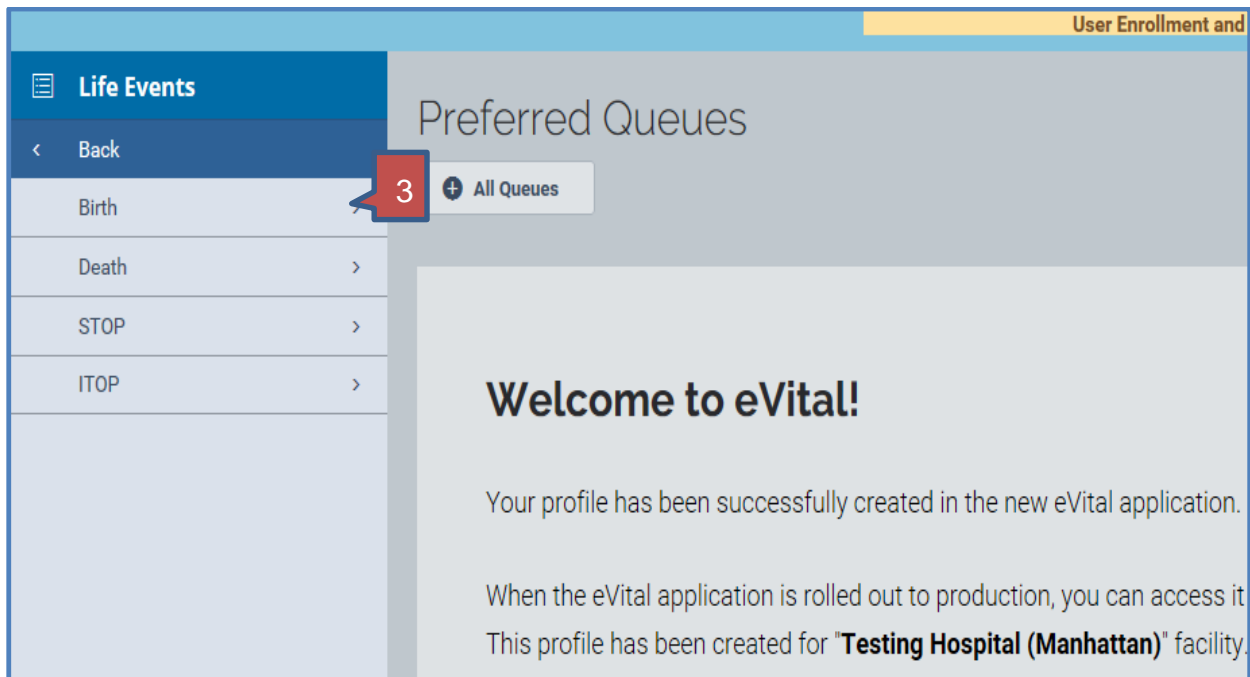
1. Click the **menu icon**



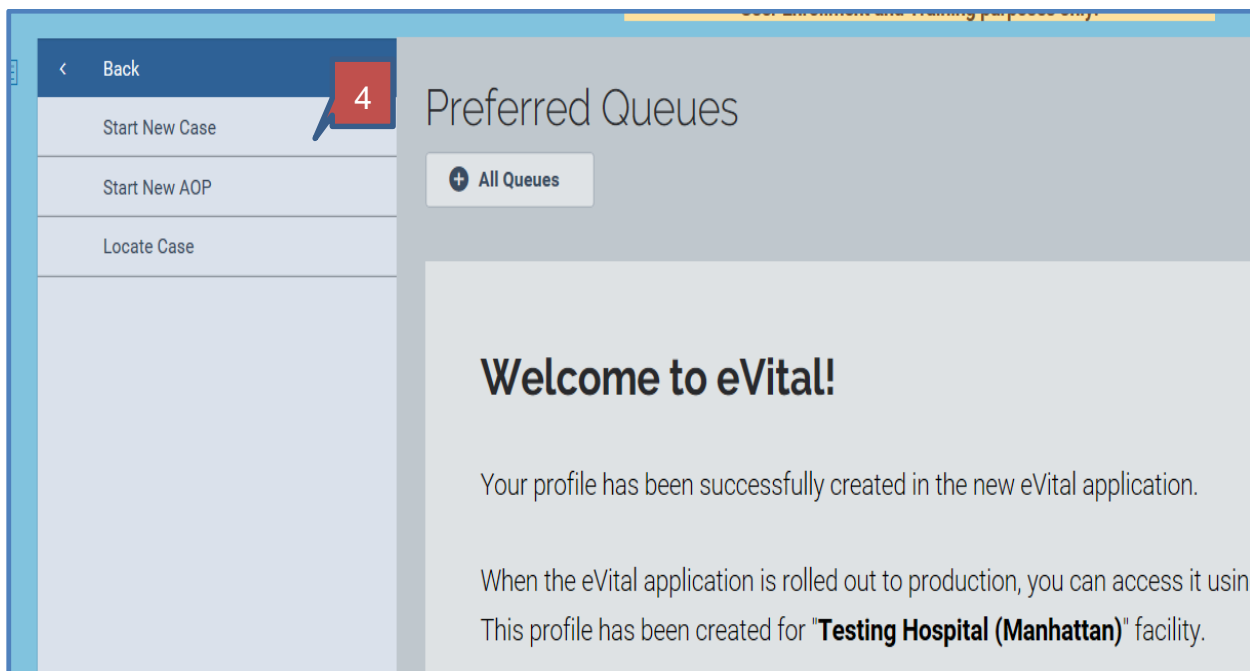
2. Select **Life Events**




3. Select **Birth**



4. Select **Start New Case**



5. The **Foundling Baby** field will default to **No**. The field should remain as **No**.

6. Click the **calendar icon**  . **Select the Child's Birth Date**. Alternately, type the **Date** into the field.
7. Click in the field marked **Sex**. **Select from the list Sex, Unknown or Undetermined**.
8. Type the **Child's Last Name** and the **Mother's Maiden Last Name** in the corresponding fields.
9. Type the **Child's Medical Record Number**. Re-type the **Child's Medical Record Number** in the **Confirm Child's Medical Record** field.
10. Type the **Mother's Medical Record Number** in the corresponding field.

**Note:** If you have not completed a field, an error notice appears indicating you must complete that field to continue with the **Birth Registration Case**.

11. When you have completed all the fields, check your work. Then click on **Search**.

12. If no cases match the criteria you have entered, click on **Create New Case**. The **Birth Registration - Child** web form automatically opens. You may continue to Parent Information.



## 2. Parent Information Section

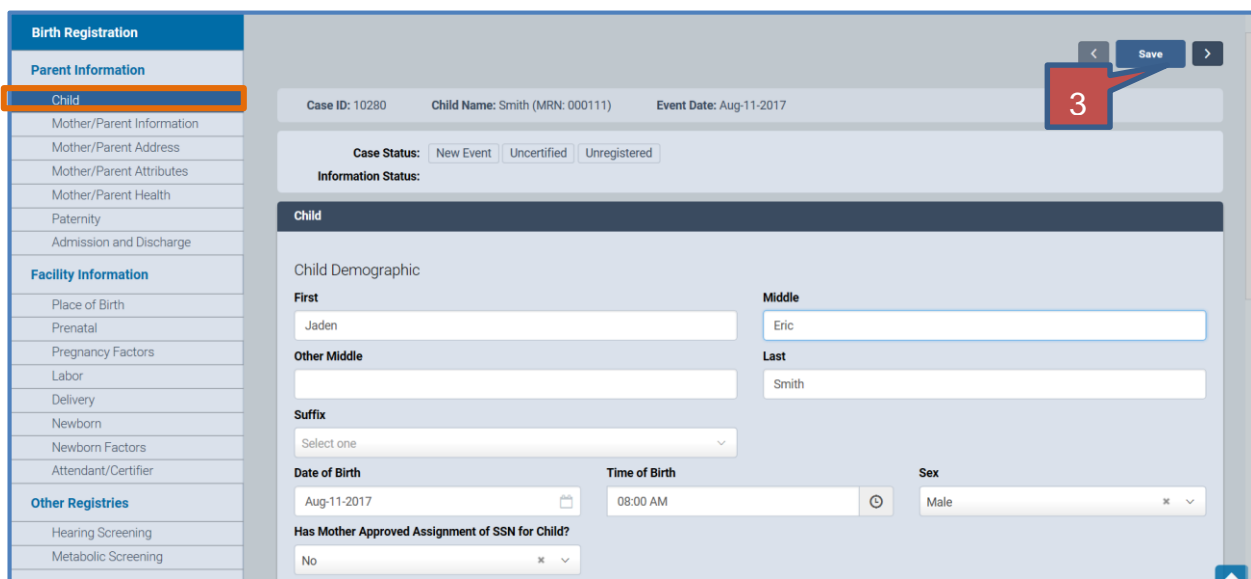
eVital will take you directly to the **Parent Information** tab. The fields will prepopulate with the information you entered on the first page (Mother’s Maiden Last name, Child’s Last name, Date of Birth, Sex and the Mother’s and the Child’s MRN number.).



## 3. Child Information

**Note:** To complete this form, you must have completed **Starting a New Birth Case**.

The Case ID number is generated. The **Case Status** is listed as a “New Event, Uncertified and Unregistered”. At the **Birth Registration** screen, click on **Child**. The **Child Information** web form opens with the **Last Name, Date of Birth** and **Sex** fields automatically populated. When you have completed all the fields, check your work. Then click on **Save**.



If all fields contain valid information, a **green dot** appears next to **Child** in the main menu. You may continue to **Mother/Parent Information**.

### 3. Mother/Parent Information.

[Click Mother/Parent Information.](#)

The **Mother/Parent Information** web form opens. Type the **Mother/Parent’s Legal First, Middle and Last Names** into the corresponding fields. Complete the appropriate fields. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to **Mother/Parent Address**.

### 4. Mother/Parent Address.

[Click Mother/Parent Address.](#)

The **Mother/Parent Address** web form appears. Select a **Country** from dropdown list (**United States** will always be listed first). Type in the patient’s **Birth City** and **Birth State**. In the **Residence Address** portion of the web form, type the **Residence Address** in the corresponding fields and **Select the Country** from the dropdown. Click on **Verify Address**.

**Disclaimer:** The content is subject to change with NYC DOH regulations and policies.

Click the **Inside City Limits** field to open the dropdown list. **Select Yes, No or Unknown.**

**Note:** This field indicates if place of residence is within New York City limits.

Complete the **Mailing Address** section. If all fields contain valid information, a **green dot** appears. Click the **Save** button. You may continue to **Mother/Parent Attributes**.

## 5. Mother/Parent Attributes.

Click **Mother/Parent Attributes**.

Click in the field marked **Mother/Parent Education** to open the dropdown list. **Select the Mother/Parent’s Education** from the list. Complete the appropriate fields. Click the field marked **Mother /Parent’s Ancestry** and **Select** the category from the list. Click the field marked **Origin** and **Select** from the list. **Select** the **Mother/Parent’s Race** from the menu. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to **Mother/Parent Health**.

## 6. Mother/Parent Health.

### Click Mother Parent Health

The **Mother/Parent Health** web form opens. Click in the **Did Mother/Parent participate in WIC during pregnancy** field. Select **Yes, No** or **Unknown** from the dropdown list. Type the **Mother/Parent's** height in feet and inches in the corresponding field. Complete the appropriate fields. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to **Paternity**.

The screenshot shows the 'Mother/Parent Health' form. The left sidebar is active, with 'Mother/Parent Health' selected. The main form area is titled 'Information Status: Mother/Parent Health'. It contains several fields:
 

- 'Did Mother/Parent Participate in WIC During this Pregnancy?' with a dropdown menu set to 'No'.
- 'Height' with a text input field containing '05 06'.
- 'Weight' section with two input fields: 'Mother/Parent's Pre-Pregnancy Weight (lbs.)' containing '135' and 'Mother/Parent's Weight at Delivery (lbs.)' containing '175'.
- 'Cigarette Smoking' section with a dropdown menu for 'Cigarette Smoking (per day) in the 3 Months Before or During Pregnancy?' set to 'No'.
- 'Alcohol Use During this Pregnancy?' with a dropdown menu set to 'No'.
- 'Illicit And Other Drugs Used' section with a dropdown menu for 'Illicit And Other Drugs Used During this Pregnancy?' set to 'No'.

## 7. Paternity

### Click Paternity.

The **Paternity** Web Forms opens. Click the **Are You Entering the Father/Parent's information**. Select **Yes, Acknowledgment of Paternity**. Select the **How Will the AOP be submitted?** Select the appropriate option. Click **Save**. If all fields contain valid information, a **green dot** appears. You may continue to **Father/Parent Information**.

The screenshot shows the 'Paternity' form. The left sidebar is active, with 'Paternity' selected. The main form area is titled 'Paternity'. It contains several fields:
 

- 'Are You Entering Father/Parent's Information?' with a dropdown menu set to 'Yes, Acknowledgement of Paternity'.
- 'How Will the AOP be Submitted?' with a dropdown menu set to 'Faxed'.
- A search bar with the text 'Scan both sides of AOP' and a search icon.
- A 'Faxed' button at the bottom.

The **Acknowledge of Paternity** section is now displayed to the web form. The AOP-Child and AOP-Mother/Parent information is automatically populated based on the information already entered. Note: Scanning is the preferred option. This expedites the processing of the birth certificate.

## 8. Father/Parent Information

[Click Father/Parent Information.](#)

The **Father/Parent Information** web forms opens. Type the **First, Middle** and **Last Names** into the corresponding fields. Use the **Calendar** control to **Select the Date** or type the **Date** into the field. When the **Date of Birth** is selected, the **Age** field will automatically populate. If you have selected **Available**, the **SSN Value** field appears. Type the **Father /Parent's Social Security Number** into this field. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to **Father/Parent Birth Place**.

## 9. Father/Parent Birth

[Click Father/Parent Address.](#)

The **Father/Parent Birth Place** web form opens. Select a **Country** from dropdown list (**United States** will always be listed first). Type in the patient's **Birth City** and **Birth State**. Click **Save**. If all fields contain valid information, a **green dot** appears. You may continue to the **Father /Parent Attributes**.

## 10. Father/Parent Attributes

Click [Father/Parent Attributes](#).

The **Father/Parent Attributes** web forms opens. Click in the field marked **Father /Parent Education** to open the dropdown list. **Select** the **Father/Parent’s Education** from the list. Complete the appropriate fields. Click the field marked **Father /Parent’s Ancestry** and **Select** the category from the list. Click the field marked **Origin** and **Select** from the list. **Select** the **Father /Parent’s Race** from the menu. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to the **AOP –Print** if wish to complete an AOP form.

## 11. Admission and Discharge

Click [Admission and Discharge](#).

The **Admission and Discharge** web form opens. Click inside the field marked **Copy of Prenatal Record in Chart** to open the dropdown list. Complete the appropriate fields. Click inside the **Infant Discharge Status** field. Select the **Discharge Status** from the dropdown list. Complete the appropriate fields. Click on **Save**. If all fields contain valid information, a **green dot** appears. You may continue to next web form.

## 12. Acknowledgment of Paternity

[Click on AOP-Print.](#)

The **Acknowledgment of Paternity** Web form opens. Click the **Print AOP Form** button. The **Acknowledgment of Paternity Form** opens. You may continue to the **Place of Birth**.

Note: The preferred method is to scan the AOP. If faxing please fax both sides of the AOP to **347.396.8900**.

## 13. Place of Birth

[Click Place of Birth.](#)

The **Place of Birth** Web form opens. Click inside the field marked **Type of Place**. Select the **Type of Place** where the delivery occurred. Complete the appropriate fields. Click **Save**. You may continue to the **Prenatal** section.

**Place of Birth**

**Type of Place\***

Hospital x v

**Name of Hospital or Other Facility**

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

**Borough**

**County**

**Country**

**Apartment, Suite, Building, Floor, etc**

**City or Town**

**State**

**Zip Code**

## 14. Prenatal

### Click Prenatal.

The **Prenatal** web form opens, as shown in The **Mother/Parent's Medical Record Number** field automatically populates. Complete the appropriate fields. Click **Save**. You may continue to the **Pregnancy Factors** section.

**Prenatal**

**Mother/Parent's Medical Record Number**

**Mother/Parent's Medicaid Number**

**Primary Payer**

**Is Mother/Parent Enrolled in an HMO or Other Managed Care Plan?**

**Date Last Normal Menses Began**

**Month**  **Day**  **Year**

**Prenatal Care**

**Did the Mother Receive Prenatal Care?**

**First Date of Prenatal Care Known?**  **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**

**Previous Births**

**Total Number of Previous Live Births**

**Previous Other Pregnancy Outcomes**

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



## 15. Pregnancy Factors

### Click Pregnancy Factors.

The **Pregnancy Factors** web form opens. In the section titled **Risk Factors for this Pregnancy**, check all the factors that apply to the pregnancy. Complete the appropriate fields. Click on **Save**. You may continue to **Labor** section.

## 16. Labor

### Click Labor.

The **Labor** web form opens. In the sections titled **Onset of Labor** and **Characteristics of Labor and Delivery**, check all the descriptions that apply. Click on **Save**. You may continue to **Delivery**.

## 17. Delivery

### Click Delivery.

The **Delivery** web form opens. Complete all appropriate fields. Click on **Save**. You may continue to **Newborn**.

**Delivery**

**Was Delivery with Forceps Attempted but Unsuccessful?**  
Forceps were not used

**Was Delivery with Vacuum Extraction Attempted but Unsuccessful?**  
Vacuum Extraction was not used

**Fetal Presentation at Birth**  
Cephalic

**Final Route and Method of Delivery**  
Vaginal/Spontaneous

**Other Procedures Performed at Delivery**

<input type="checkbox"/> Episiotomy & repair	<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Unknown
<input type="checkbox"/> Sterilization		
<input type="checkbox"/> Repair of lacerations		

**Anesthesia**

<input type="checkbox"/> Epidural	<input type="checkbox"/> Spinal	<input type="checkbox"/> Local
<input type="checkbox"/> General Inhalation	<input type="checkbox"/> Paracervical	<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> General Intravenous	<input type="checkbox"/> Pudendal	<input type="checkbox"/> Unknown

**Maternal Morbidity (Check all that apply)**

<input type="checkbox"/> Maternal transfusion	<input type="checkbox"/> Admission to intensive care unit	<input type="checkbox"/> Postpartum Transfer to a higher level of care
<input type="checkbox"/> Third or fourth degree perineal laceration	<input type="checkbox"/> Unplanned operating room procedure following delivery	<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unplanned hysterectomy		

## 18. Newborn

### Click Newborn

The **Newborn** web form opens. The **Child's Medical Record** field will be automatically populated. In the **Infant Birth Weight** portion of the web form, type the **Infant Birth Weight in Pounds and Ounces** or **Grams** into the corresponding fields. Complete all appropriate fields. Click on **Save**. You may continue to **Newborn Factors**.

## 19. Newborn Factors

### Click Newborn Factors

The **Newborn Factors** web form opens. Under **Abnormal Conditions of the Newborn**, check all boxes that apply. If the conditions are unknown, check **Unknown**. If there is no condition, check **None of the Above**. Click on **Save**. You may continue to **Attendant/Certifier**.

## 20. Attendant Certifier

### Click Attendant Certifier

1. The **Attendant Certifier** web form opens. Type the **First Name, Middle Name** and **Last Name** of the Attendant. You may use the **Lookup Attendants** button. **Select the Title** from the dropdown list. Type the **Attendant NPI** in the corresponding field. Complete the appropriate fields.

2. Use the **Lookup Certifier** button to find the **First, Middle** and **Last Name** of the birth **Certifier**. Click the **calendar icon** in the field marked **Date Signed**. Use the **Calendar** control to select the **Date** or type the **Date** into the field. Click on **Save**. You may continue to the next web form.

**Note:** Only authorized Certifiers will have access to this web form. To complete this section, you will need access to the **Certify App** to scan the **Certification Bar Code**.

## 21. Certify

### Click Certify

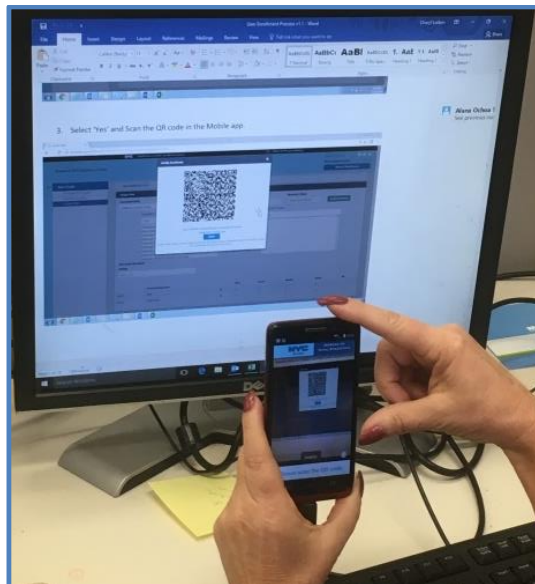
The **Certify** web form opens. To certify the birth, place a check in the box marked **Affirm**. Use the **Certify App** to scan the **Barcode** within 60 seconds. If you are unable to scan the barcode within the allotted time, you will receive a notice informing you to rescan the image. Click on the **Barcode**. The scan time will reset, allowing another 60 seconds to scan the image. After scanning is complete you may continue to the next web form.



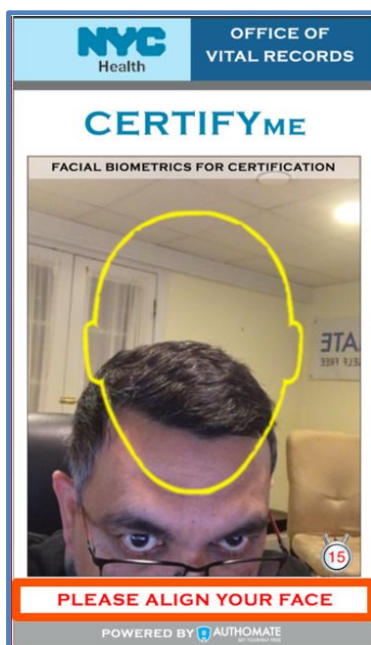
1. From the mobile device, tap the **Quick Response Code** button to start the photography.



2. Point the camera to the Quick Response (QR) code on the computer monitor. Hold the smartphone steady until it scans the QR code off the PC to synchronize the user’s identity.



3. Align your face inside the **yellow frame**.



4. When the image has been registered, you will receive two messages on their mobile device. First message **“Certifying User...Please Wait”** followed by the second message **“Certification Successful Certification Completed”**.

## 22. Hearing Screening

### Click Hearing Screening

The **Hearing Screening** web form opens. Click on the **Add Hearing Screening** button. Click inside the **Hearing Screening** field to open the dropdown list. **Select** the appropriate answer from the list. Click **Save**. You may continue to the next web form.

**Hearing Screening**

Screening Performed (1 or both ears) x v

**Date Hearing Screening Conducted** Sep-22-2017

**Equipment Type** ABR x v

**Left Ear** Pass x v

**Right Ear** Pass x v

**Entered By** Guy Talley

**Entered Date** Sep-22-2017

**Entering Facility** Testing Hospital

Add Hearing Screening

## 23. Metabolic Screening

### Click Metabolic Screening.

Click on the **Add Metabolic Screening** button. Type the **Lab Screening ID** in the corresponding field. **Select** the appropriate answer from the list. Click **Save**. You may continue to the next web form.

**Metabolic Screening**

Lab Screening ID 1234456

Lab Screening Status NBS LAB ID Number Submitted x v

Pediatrician / Primary Care Provider

**First** Guy **Middle** **Last** Talley **Suffix** Select one v

**Phone Number** (212) 555-1212 **Email** gt@gmail.com

Add Metabolic Screening