

General Instructions

- Use 'Go Back' to return to the previous page
- Use 'Next Step' to proceed
- Use your **backspace button to delete** and replace entries
- **Compulsory questions** or questions with **restricted responses** will show red and block you from proceeding if incorrectly completed/left blank. Any other questions are not compulsory.

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Next step

Cell number (starting with 27)

083455sds88888

Cell number must be a valid number

- **Please complete questions in the order that they appear**, as some answers lead to additional questions and dropdown lists.
- Please complete in **one sitting**, as **your information will not be saved until you finish** the registration.

Landing Page (Using RSA ID)

EVDS Self Registration



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

This is a registration portal for Health Care Workers enrolling on the Electronic Vaccine Data System.

All public, private, clinical and non-clinical healthcare workers should register.

ID Number

Self register using ID

Use passport

You can register with RSA ID Number **OR** Non-RSA Passport.

Please enter your RSA ID and click 'self register using ID' to proceed

OR

Please select 'Use passport' if you would like to use a non-RSA Passport to register.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Landing Page (Using Passport)

EVDS Self Registration



health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Choose the country and your passport number (any characters allowed).

Country

Passport number

[Self register using passport](#)

[Use RSA ID](#)

If you select to use a non-RSA passport:

- Enter country
- Enter passport number
- Click 'Self register using passport' to proceed

OR

If you would like to use an RSA ID click 'Use RSA ID' to return to landing page

Step 1: General Information

EVDS Self Registration

Step 1: General information

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Please enter your general information.

Your **cell phone number** will be used to communicate with you by SMS about the vaccination program, and to confirm your vaccination code/ticket.

Please ensure your cell phone number is entered correctly, starting with 27 (Country code) and removing the initial/first 0

Step 2: Employment & Medical Aid (1)

EVDS Self Registration

Step 2: Employment and Medical Aid

Name of primary employer

Job title

Patient Facing

E.g. a HCW who interacts directly with patients

Health professional

E.g. a HCW who must be registered with a statutory body e.g. Nursing Council)

Medical aid scheme name

Medical aid number (optional)

[Go back](#) [Next step](#)

Please enter the **name of your primary employer** and **job title**.

Step 2: Employment & Medical Aid (2)

EVDS Self Registration

Step 2: Employment and Medical Aid

Employer name is required

E.g. a HCW who interacts directly with patie...

Casualty /Accident and emergency

Covid ICU / HC / WARD

Emergency Medical Services (EMS)

General

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Next step

Please select whether you are **patient-facing or not (Yes/No)**, based on whether you interact directly with patients.

If you are patient facing, please select the **location in which you work with patients** from the dropdown list provided.

Step 2: Employment & Medical Aid (3)

EVDS Self Registration

Job title

Patient Facing

Yes

E.g. a HCW who interacts directly with patients

Patient facing type

Emergency Medical Services (EMS)

Health professional

Yes

E.g. a HCW who must be registered with a statutory body e.g. Nursing Council)

Professional body registration number

Practice number

Please select whether you are a **Health Professional (Yes/No)**, based on whether or not you are a Health Care Worker who is registered with a statutory body (e.g. Nursing Council).

If you select **Yes** please enter your **Professional body registration number** and/or **Practice number**, as appropriate.

Step 2: Employment & Medical Aid (4)

EVDS Self Registration

Job title

Patient Facing
Yes

E.g. a HCW who interacts directly with patients

Patient facing type
Emergency Medical Services (EMS)

Health professional
Yes

E.g. a HCW who must be registered with a statutory body e.g. Nursing Council)

Professional body registration number

Practice number

Medical aid scheme name

Medical aid number (optional)

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Please select your **Medical Aid Scheme Name, Other, or None** (if you have no Medical Aid) from the dropdown list.

If you enter a Medical Aid Scheme you will be asked your **Medical Aid Number**. This is optional to complete.

Once you've completed this, please proceed to '**Next Step**' (Step 3, Final Step)

Step 3: Primary Location of Work

EVDS Self Registration

Step 3: Primary location of work

Province
Eastern Cape

District
Nelson Mandela Bay

Sub-district (Local municipality)
Nelson Mandela A SD

Health establishment
Other

Health establishment name
Waves Clinical Centre

Work address
Street Address, Suburb, Town, Code

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Next step

- Please select your **Primary location of work** including Province, District, Sub-District/Local Municipality.
- Please select your **Health establishment** from the dropdown list, or select 'other' if it is not listed.
- If you select 'other' please enter the name of your work location.
- Please enter the **address** for your location of work.

Accept Terms & Conditions

EVDS Self Registration

Terms and Conditions

I agree to the terms and conditions as per the bottom of this page

Comments (optional)

Go back

Submit registration

↓ Terms and Conditions
Click to read

Source: <https://sacoronavirus.co.za/evds/tscs/>

- To complete your registration please accept the terms and conditions, and click '**Submit Registration**'
- The Terms and Conditions are available on-screen as per the official [SAcoronavirus website](https://sacoronavirus.co.za/).
- If you have any comments or feedback please enter them in the optional **Comments** box.

Complete Registration

EVDS Self Registration

Registration has been successful.

[Register once more](#)

- The final screen will confirm that your **registration has been successful**.
- You will receive an **SMS notification** confirming that your registration has been received by the EVDS.

Amending Information

EVDS Self Registration

Step 1: General information

This person has already been registered within EVDS. A new registration will update existing details.

First name(s)

- If you wish to update your information you can 're-register' using **your same ID or Passport number** to update/override your previously submitted information.