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.

- **Cell number (starting with 27)**
  08345566888

  *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.
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.
Landing Page (Using Passport)

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

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)

Please enter the **name of your primary employer** and **job title**.
Step 2: Employment & Medical Aid (2)

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)

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)

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

- 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

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 SAcoronovirus website.

If you have any comments or feedback please enter them in the optional Comments box.

Source: https://sacoronavirus.co.za/evds/tscs/
Complete Registration

EVDS Self Registration

Registration has been successful.

- 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.