Note:

* Before uploading an excel file, make sure that the excel format is correct.
* VAS Line list or Excel Tamplate.
* Column number arrangement:
  1. **\* CATEGORY** (follow correct format in excel reference)
  2. **COMORBIDITY** (Y or N only)
  3. **UNIQUE PERSON ID** (Patient’s Valid ID)
  4. **\* PWD** (Y or N only)
  5. **INDIGENOUS MEMBER** (Optional)
  6. **\* LAST NAME** (Patient’s Last Name)
  7. **\* FIRST NAME** (Patient’s First Name)
  8. **\* MIDDLE NAME** (Patient’s Middle Name, if none just put a text “None”)
  9. **SUFIX** (Patient’s Suffix. If none select )
  10. **\* CONTACT NUMBER** (Must be 11- digit number)
  11. **GUARDIAN** (Patient’s Guardian)
  12. **\* REGION** (Patient’s Region address)
  13. **\* PROVINCE** (Patient’s Province address)
  14. **\* MINICIPALITY** (Patient’s City/Municipality address)
  15. **\* BARANGAY** (Patient’s Barangay address)
  16. **\* SEX** (M or F only)
  17. **\* BIRTHDATE** (Patient’s Birth Date; Format “Month/Day/Year”)
  18. **\* DEFERRAL** (Y or N only)
  19. **REASON FOR DEFERRAL** (If DEFERRAL is Y, this field needs to be filled in)
  20. **\* VACCINATION DATE** (Date Patient was vaccinated. Please refer to patient’s vaccine card)
  21. **\* VACCINE MANUFACTURER NAME** (Brand or Name of the Vaccine)
  22. **\* BATCH NUMBER** (Please refer to the Patient’s vaccine card)
  23. **\* LOT NUMBER** (Please refer to the Patient’s vaccine card)
  24. **\* BAKUNA CENTER CBCR ID** (ID or number of Bakuna Center)
  25. **\* VACCINATOR NAME** (Full Name of the authorized personnel who vaccinated the patient)
  26. **\* FIRST DOSE** (Y or N only)
  27. **\* SECOND DOSE** (Y or N only)
  28. **\* ADDITIONAL BOOSTER DOSE** (Y or N only)
  29. **\* SECOND ADDITIONAL BOOSTER DOSE** (Y or N only)
  30. **ADVERSE EVENT** (Y or N only)
  31. **ADVERSE EVENT CONDITION** (If ADVERSE EVENT is Y, this field must be filled in)
* **Note:** All column number with **\*** are required or must not be emptied.
* **Create reference excel**