



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Please complete this form, have it signed by your Manager/Supervisor and upload it to the system.

Or contact 033 940 2689/81/88 for further details

**KZN eHealth system
USER ACCESS FORM**

Please print clearly!!!

First Name:		Surname:	
Title:(Dr/Mr/Mrs/Ms)		District:	
Institution:		Designation:	
Tel No:		Email address:	
Persal Number:			

I hereby take full responsibility for any transactions undertaken with my personal password on any of the computers in this institution. I undertake not to divulge my password to any other person, whether they are staff members or not, nor to accept any other person's password AT ANY TIME.

I realise that the use of another person's password constitutes fraud and would make me liable to prosecution and or disciplinary action. I also hereby sign for and agree to the stipulations of the User Declaration Agreement document (on the intranet).

Employee signature.....

Date.....

User levels (Please mark with an X)

- | | | |
|---|---|--|
| <input type="checkbox"/> Admin Clerk | <input type="checkbox"/> Nurse Assistant | <input type="checkbox"/> Medical Manager |
| <input type="checkbox"/> Enrolled Nurse | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Professional Nurse | <input type="checkbox"/> Intern Doctor | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Radiologist | <input type="checkbox"/> Operational Manager | <input type="checkbox"/> Radiologist Clerk |
| <input type="checkbox"/> CEO | <input type="checkbox"/> Head Office Management | <input type="checkbox"/> District Manager |

Supervisor Name..... Signature..... Date.....

- Supported Not supported

FOR OFFICIAL USE ONLY

Checked by..... Signature..... Date.....

- Approved Not approved