# Health Card Registration User Guide



Health Card Systems user guide



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### Entry to the system

The Ministry of Health and prevention can be accessed through the following link: <u>https://smartform.mohap.gov.ae/MOHOnlinePortal</u>

Navigate to The Ministry of Health and prevention System

In the beginning when moving to the site of the Ministry of Health and prevention, The home page is displayed Through which the user can access the system, It also allows the new user to register in the system By clicking on the **Register Typing Center / Company** button, you can also change the language by clicking on the Arabic, as shown in Figure (1).

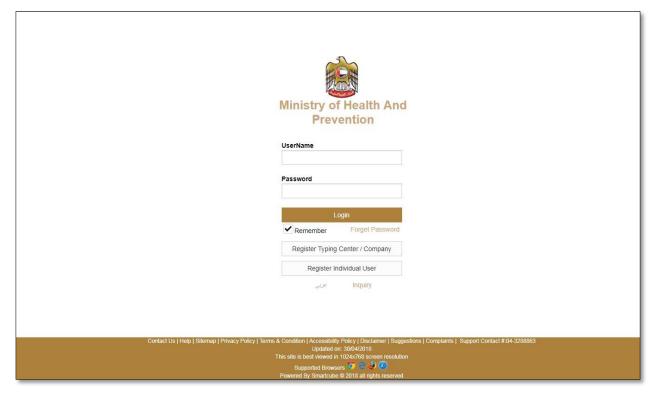


Figure (1) Login Page



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# Log in

Logging into the ministry of health and prevention system requires entering your username and password and clicking on the **Login** button as shown in Figure (1). At first when logging into the Ministry of Health and Prevention system there are one section in the frame as shown in Figure (2), namely:

1. Fitness & HCR Services.

| MINISTRY OF                | HEALTH AND PREVENTION   |   | 🏟 🔹 عربی 🌗 🔹 Rawan      |
|----------------------------|---|---|-------------------------|
| Fitness & HCR Services +   |   |   |                         |
|                            |   |   |                         |
| Applications/Inqu          | uiry  |   |                         |
| New Health Card-Expatriate | New Health Card-Local New Health Card-GCC                                 | New Health Card-Determination New Fitness                               | Applicant About Service |
| Application D& From:       | YYYY/MM/DD To: YYYY/MM/DD Ap  | plicantDetailSubmit Application #:                                      | Search Reset            |
| Application Mumber         | Application Data - Distance - Mana FM                                     | Norm AD Condex Dist Data Desid  |                         |
|                            | Application Date Status Name EN   | Name AR Gender Birth Date Resid   | ence Number Created By  |
| Application Number         | Application Date Status Name EN   | Name AR Gender Birth Date Resid   | ence Number Created By  |
| records                    |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
|                            |   |   |                         |
| Co                         | ntact Us   Help   Sitemap   Privacy Policy   Terms & Condition   Accessil | bility Policy   Disclaimer   Suggestions   Complaints   Support Contact | t #:04-3288863          |

Figure (2) Main page

# Fitness & HCR Services

The list of fitness services consists of two operations. The first operation is **New Fitness & HCR Application**; the second operation is **Rejected Fitness Applications**. As shown in figure (3).





| New Fitness & HCR Applications |                       |                     |                                   |                       |               |
|--------------------------------|-----------------------|---------------------|-----------------------------------|-----------------------|---------------|
| Rejected Fitness Applications  | ry                    |                     |                                   |                       |               |
| New Health Card-Expatriate     | New Health Card-Local | New Health Card-GCC | New Health Card-Determination     | New Fitness Applicant | About Service |
| Application Da From: Y         | YYY/MM/DD To:         | YYYY/MM/DD App      | licantDetailSubmit Application #: | S                     | earch Reset   |
| Application Number             | Application Date      | Status Name EN N    | Name AR Gender Birth Date         | Residence Number      | Created By    |
| No applicants to show          |                       |                     |                                   |                       |               |
| 0 records                      |                       |                     |                                   |                       |               |
|                                |                       |                     |                                   |                       |               |
|                                |                       |                     |                                   |                       |               |
|                                |                       |                     |                                   |                       |               |
|                                |                       |                     |                                   |                       |               |
|                                |                       |                     |                                   |                       |               |

Figure (3) Fitness services list

### New Fitness & HCR Applications

The New Fitness & HCR Applications is selected from the fitness &HCR services list's that you will be redirected to applications/inquire page. The page consists of four parts. The first part is adding new fitness applicant and new health cards; second part is a search, third is Table of applications, the fourth is operation. As shown in Figure (4).





| Fitness & HCR Se                        | ervices +              |                           |                                    |                              |                      |                |                     |                           |
|---|------------------------|---------------------------|------------------------------------|------------------------------|----------------------|----------------|---------------------|---------------------------|
| Application                             | s/Inquiry              | Add r                     | iew health ca                      | ards                         |                      |                |                     | Sear                      |
| New Health Card                         | -Expatriate New        | Health Card-Local New F   | lealth Card-GCC Nev                | w Health Card-Determi        | nation               | New Fitne      | ess Applicant       | About Service             |
| Application De<br>Application<br>Number | From: 2018-07          |                           | 18 Status<br>Name EN               | Appl     Name AR             | ication #:<br>Gender | Birth<br>Date  | Residence<br>Number | Search Reset              |
| H0100087006H7I                          | 2018-07-17<br>12:36:41 | ApplicantPaymentInitiated | samer riyad hussien<br>abdelkareem | سامر رياض حسين<br>عبدالكريم  | Male                 | 2000-07-<br>10 |                     | Rawan20 [ 💿               |
| H0200087006F7I                          | 2018-07-15<br>10:00:31 | ApplicantPaymentCompleted | talal riyad hussien<br>abdelkareem | طلال رياض حسين<br>عبدالكريم  | Male                 | 1990-07-<br>10 | 595555958           | Rawan20 🔒 <mark></mark> 🖲 |
| H0200087002F7I                          | 2018-07-15<br>09:35:28 | ApplicantDetailSubmitted  | ola riyad hussein<br>abdelkareem   | علا ریاض حسین<br>عبدالگریم   | Female               | 2000-07-<br>16 | 8544585             | Rawan20 🝥                 |
| H0100087001F7I                          | 2018-07-15<br>09:32:01 | ApplicantHealthCardIssued | abeer riyad hussein abdelkareem    | عبیر ریاض حسین<br>عبدالگریم  | Female               | 2008-07-<br>12 |                     | Rawan20 🔒 💾 🍥             |
| H0200087007C7I                          | 2018-07-12<br>16:22:22 | Table of app              | lications                          | خالدة رياض حسين<br>عيدالگريم | Female               | 1991-01-<br>29 | 62548445            | Rawan20 🚾 👁               |
|   | $\sim$                 | ApplicantPaymentInitiated | dalal riyad hussien                | ر<br>دلال ریاض حسین          | Female               | 1991-01-       | 6595584787          | Operatio                  |
| H0200087003C7I                          | 2018-07-12<br>12:43:01 | ApplicantPaymentinitiated | abdelkareem                        | عبدالكريم                    |                      | 29             |                     | · ·                       |

Figure (4) new fitness application (applications/inquiry)

# Search for health cards

Select the application date or birth date from list and insert (from, to) or application number and click on the search button. To clear the data entered in the search field, press the reset button. As is in the following form

|                  |          | 1          |      | ř.         |                      |              |
|------------------|----------|------------|------|------------|----------------------|--------------|
| Application Date | + From : | 2018-03-02 | то : | 2018-03-27 | Application Number : | Search Reset |
| 1                |          |            |      |            |                      |              |

## New Health Card

In page new fitness and HCR applications allows the user to add a health card that consists of four types:

- ♦ New Health Card Expatriate.
- ♦ New Health Card Local.
- ✤ New Health Card People of Determination.

The health card type is selected by clicking the button **New Health Card – Expatriate**, **New Health Card – Local**, **New Health Card – GCC** or **New Health Card – People of Determination**. As shown in Figure (5).





|                             |                           | nination New Fitness Applicant | About Service |
|-----------------------------|---------------------------|--------------------------------|---------------|
| YY/MM/DD To: YYYY/MM/DD     | ApplicantDetailSubmitt Ap | plication #:                   | Search Reset  |
| Application Date Status Nat | me EN Name AR Gender      | Birth Date Residence Numbe     | er Created By |
|                             |                           |                                |               |
|                             |                           |                                |               |
|                             |                           |                                |               |
|                             |                           |                                |               |
|                             |                           |                                |               |
|                             |                           |                                |               |

Figure (5) choose a health card type

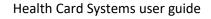
You will be taken to a new health card page which consists of three forms; First Form sponsor, Second Form applicant and the third from is Visa/Residence Details, we will start filling out the sponsor form, as shown in Figure (6).

| MINISTRY O               | HEALTH AND PREVENTION |               | Q* 4          | ا عربی 🕼 💄 |
|--------------------------|-----------------------|---------------|---------------|------------|
| Fitness & HCR Services + |                       |               |               |            |
|                          |                       |               |               |            |
| Health Card - Ex         | patriate              |               |               |            |
|                          |                       |               |               |            |
| Application Type *       | Applicant Type        | - EIDA/H      | Health Number | Search     |
| Sponsor \ Address        |                       |               |               |            |
|                          |                       |               |               |            |
| Sponsor (Arabic)         | تحديد                 | + PO Box      |               |            |
| Home Phone No            | 02 -                  | Work Phone No | 02 -          |            |
|                          | Emirate               | City *        | City          |            |
| Emirate *                |                       |               |               |            |
| Emirate*                 |                       | Address       |               |            |

Figure (6) Sponsor \ Address (health card)

The sponsor / sponsor form consists of a set of fields; the first field is the application type. This field includes two options: the first is new and the second option is renew chosen for an expired health card.

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ube

To register a new health card, Sponsor's name Arabic Sponsor's name will be selected if **other sponsor** option is selected A new field will appear other **Sponsor name Arabic** Please enter only letters in Arabic, as shown in Figure (7).

|        | MINISTRY OF              | HEALTH AND PREVENTION |               | ی 🕸 حربی 🕸 🔹 🕲       |
|--------|--------------------------|-----------------------|---------------|----------------------|
|        | Fitness & HCR Services - |                       |               |                      |
|        |                          |                       |               |                      |
| 1      | Health Card - Ex         | patriate              |               |                      |
|        |                          |                       |               |                      |
|        | Application Type *       | Applicant Type -      | EIDA/h        | Health Number Search |
|        | Sponsor \ Address        |                       |               |                      |
|        | Sponsor (Arabic)         | كقيل الأخر            | ▼ PO Box      |                      |
| $\geq$ | Other Sponsor (Arabic) * |                       | Work Phone No | 02 -                 |
|        | Home Phone No            | 02 -                  | City *        | City -               |
|        | Emirate *                | Emirate               | - Address     |                      |
|        | Street                   |                       |               |                      |
|        |                          |                       |               |                      |

Figure (7) Sponsor \ Address (other sponsor)

If the sponsor's name is chosen, the selected sponsor's data will be retrieved and all required fields will be entered, as shown in Figure (8).

| Fitness & HCR Services +          |                           |                          |                         |         |
|-----------------------------------|---------------------------|--------------------------|-------------------------|---------|
|                                   |                           |                          |                         |         |
|                                   |                           |                          |                         |         |
| Health Card - Ex                  | patriate                  |                          |                         |         |
|                                   |                           |                          |                         |         |
| Application Type *                | New                       | - EIDA/H                 | ealth Number            | Search  |
| Sponsor \ Address                 |                           |                          |                         |         |
|                                   |                           |                          |                         |         |
| Sponsor (Arabic)                  | المكعب الذكي 2020         | + PO Box                 | 5566                    |         |
| Sponsor (Arabic)<br>Home Phone No | المكعب النكى 2020<br>02 ح | PO Box     Work Phone No | 5566<br>02 <del>▼</del> | 5558895 |
|                                   |                           |                          |                         | 5558895 |
| Home Phone No                     | 02 •                      | Work Phone No            | 02 -                    | 5558895 |

Figure (8) sponsor details (health card)

The second form is the applicant. This form consists of two forms; the first form is the **Health Center Information**, the second form the **Person Details**, to enter the applicant's data are done in two ways; the first method is to **read the identity** so that the person's identity is automatically requested to read the UAE ID, Click the Read from EIDA button, so that the person's data is read and entered automatically.

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The second way is a **manual entry**. The data must be entered for the required fields, as shown in Figure (9).

| Fitness & HCR Services + |                  |                           |                            |
|--------------------------|------------------|---------------------------|----------------------------|
| Applicant                | 2                |                           | Choose File No file chosen |
| -Health Center Inform    | ation            |                           |                            |
| Area Health Center*      | Area Head Center | - Health Center*          | Health Center              |
| Audit Center*            | Audit Center     | - Health Number           |                            |
| -Person Details          |                  |                           |                            |
| Name AR*                 |                  |                           | Read from EIDA             |
| Birth Date *             | YYYY/MM/DD       | Name EN *                 |                            |
| Applicant Mobile No *    | 050 -            | Gender*                   | Gender                     |
| Nationality *            | Nationality      | Applicant Email Address * |                            |
| Visa/Residence Deta      | ils              |                           |                            |
| EIDA Type                | Eida Type        | EIDA Application Number   |                            |
| Visa Type *              | Visa Type        | Unified Number*           |                            |
| Permit/Residence No *    |                  | Residence Issue Date      | YYYY/MM/DD                 |
| Residence Expiry Date    | YYYY/MM/DD       | Passport Number*          |                            |
| Passport Issue Date *    | YYYY/MM/DD       | Passport Expiry Date *    | YYYY/MM/DD                 |
| Profession*              | Profession       | - Birth Quid No           |                            |
| Quid Date                | YYYY/MM/DD       |                           |                            |

Figure (9) applicant form (health card)

We will start by filling out the **Health Center Information** form. The PMD center information form consists of three fields; the first field is Area Health Center, the second is the Health Center and the third is Audit Center. All fields must be entered.

In the **Expatriate** health card, the **visa** / **residence details** form consists of a set of fields:

- The first field is the **EIDA type**. The EIDA type, which consists of two options. The first option is the **EIDA application**. The second option is the **EIDA**. If the EIDA application is chosen, the fourth field name will automatically change to the **EIDA application number**, if EDIA is chosen fourth field name will automatically change to the **EIDA No**. The data is specific for each identity type.
- The third **visa type** consists of two options; the first option is the **work permit and residence**. If this option is selected, the person is not a resident of the UAE.
- The fourth field is the **unified number**.
- The fifth field is the **Permit / Residence No**.
- The sixth field is **Residence issue date.**
- The seventh field is **Residence expiry date.**
- The eighth field is **Passport number.**
- The ninth field is **passport issue date.**
- The tenth field is **passport expiry date**.

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- The eleventh field is **profession**.
- The twelfth field is **Birth Quid No.**
- The thirteenth field is **Quid Date**.

After data entry is done, click the **Save** button. To cancel, click the **Cancel** button, as shown in Figure (10).

| Name AR *             | روان رياض حسين عبدالكريم |        |                           | Read from EIDA                  |
|-----------------------|--------------------------|--------|---------------------------|---------------------------------|
| Birth Date *          | 1991-01-29               |        | Name EN *                 | rawan riyad hussien abdalkareem |
| Applicant Mobile No * | 050 - 5844403            |        | Gender*                   | Female                          |
| Nationality *         | Jordan                   | •      | Applicant Email Address * | rawan@smartcub.co               |
| Visa/Residence Detai  | ls                       |        |                           |                                 |
| EIDA Type             | Eida                     | -      | EIDA No *                 | 784199351060852                 |
| Visa Type*            | Visa Type                | •      | Unified Number*           | 51454                           |
| Permit/Residence No*  | 545845                   | C      | Residence Issue Date      | 2018/07/01                      |
| Residence Expiry Date | 2019/07/01               |        | Passport Number*          | 51455654                        |
| Passport Issue Date * | 2013-07-11 )             |        | Passport Expiry Date *    | 2018/07/16                      |
| Profession *          | QUALITY ENGINEER         |        | Birth Quid No             | 8896                            |
| Quid Date             | 2018-07-01               |        |                           |                                 |
|                       |                          | Cancel | Save                      |                                 |

Figure (10) applicant details (Expatriate)

**Note 1:** If the person is less than ten years old, the data must be entered in these fields, the Birth Quid No and the Quid Date.

**Note 2:** If the "Other" type is selected for this selection special cases and the decision will be taken by HCR to accept or reject, the user will have two fields, the documentation type and the documentation number.

In the Local health card, the visa / residence details form consists of a set of fields:

- The first field is the **EIDA type**. The EIDA type, which consists of two options. The first option is the **EIDA application**. The second option is the **EIDA**. If the EIDA application is chosen, the fourth field name will automatically change to the **EIDA application number**, if EDIA is chosen fourth field name will automatically change to the **EIDA No**. The data is specific for each identity type.
- The third field is the **unified number**.
- The fourth field is **Passport number**.
- The fifth field is **passport expiry date**.



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- The sixth field is **profession**.
- The seventh field is **Birth Quid No.**
- The eighth field is **Quid Date**.
- The ninth field is **Family No.**
- The tenth field is **Town No.**
- The eleventh field is **Khalset Al Quid.**
- The twelfth field is **Relation with the Local.**
- The thirteenth field is **Local Name**.

After data entry is done, click the **Save** button. To cancel, click the **Cancel** button, as shown in Figure (11).

| Person Details       |                  |           |                           |                                 |
|----------------------|------------------|-----------|---------------------------|---------------------------------|
| Name AR*             | , حسين عبدالكريم | روان رياض |                           | Read from EIDA                  |
| Birth Date *         | 1991-01-29       |           | Name EN *                 | rawan riyad hussien abdalkareem |
| Applicant Mobile No* | 050 -            | 5844403   | Gender*                   | Female                          |
| Nationality *        | Jordan           | -         | Applicant Email Address*  | rawan@smartcub.co               |
| Visa/Residence Deta  | ils              |           |                           |                                 |
| EIDA Type            | Eida             |           | EIDA No*                  | 784199351060852                 |
| Unified Number       | 51454            |           | Passport Number           | 51455654                        |
| Passport Expiry Date | 2018-07-01       |           | Profession*               | QUALITY ENGINEER                |
| Birth Quid No        | 8896             |           | Quid Date                 | 2018-07-01                      |
| Family No*           | 5454             | C         | Town No *                 | 55565                           |
| Khalset Al Quid *    | 58545            |           | Relation with the Local * | mother                          |
| Local Name*          | sara             |           |                           |                                 |
|                      |                  |           |                           |                                 |

Figure (11) applicant details (Local)

**Note 1:** If the person is less than ten years old, the data must be entered in these fields, the Birth Quid No and the Quid Date.

**Note 2:** In the case of choosing the "self" Relation with the Local field, the name of Local Name will be hidden

**Note 3:** If the "Other" type is selected for this selection special cases and the decision will be taken by HCR to accept or reject, the user will have two fields, the documentation type and the documentation number.

In the GCC health card, the visa / residence details form consists of a set of fields:

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- The first field is the **EIDA type**. The EIDA type, which consists of two options. The first option is the **EIDA application**. The second option is the **EIDA**. If the EIDA application is chosen, the fourth field name will automatically change to the **EIDA application number**, if EDIA is chosen fourth field name will automatically change to the **EIDA No**. The data is specific for each identity type.
- The third field is the **Permit/Residence No.**
- The fourth field is the **unified number**.
- The fifth field is **Passport number**.
- The sixth field is **passport issue date**.
- The seventh field is **passport expiry date**.
- The eighth field is **profession**.
- The ninth field is **Birth Quid No.**
- The tenth field is **Quid Date.**
- The eleventh field is **Relation with GCC.**
- The twelfth field is GCC Name.
- The thirteenth field is GCC Nationality.
- The fourteenth field is GCC passport no.

After data entry is done, click the **Save** button. To cancel, click the **Cancel** button, as shown in Figure (12).

| Person Details       |                          |   |                          |                                 |  |
|----------------------|--------------------------|---|--------------------------|---------------------------------|--|
|                      |                          |   |                          |                                 |  |
| Name AR*             | روان رياض حسين عيدالكريم |   |                          | Read from EIDA                  |  |
| Birth Date *         | 1991-01-29               |   | Name EN*                 | rawan riyad hussien abdalkareem |  |
| Applicant Mobile No* | 050 - 5844403            |   | Gender*                  | Female                          |  |
| Nationality *        | Jordan                   | ¥ | Applicant Email Address* | rawan@smartcub.co               |  |
| Visa/Residence Deta  | ils                      |   |                          |                                 |  |
| EIDA Type            | Eida                     | • | EIDA No                  | 784199351060852                 |  |
| Permit/Residence No  | 8587888                  | Ċ | Unified Number*          | 51454                           |  |
| Passport Number      | 51455654                 |   | Passport Issue Date      | YYYY/MM/DD                      |  |
| Passport Expiry Date | 2018-07-01               |   | Profession *             | QUALITY ENGINEER                |  |
| Birth Quid No        | 8896                     |   | Quid Date                | 2018-07-01                      |  |
| Relation with GCC*   | Father                   | ÷ | GCC Name*                | riyad                           |  |
| GCC Nationality *    | GCC Nationality          | Ŧ | GCC passport no.*        | 5548554584                      |  |
|                      |                          |   |                          |                                 |  |

Figure (12) applicant details (GCC)

In the People of Determination health card, the visa / residence details form consists of a set of fields:

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- The first field is the **EIDA type**. The EIDA type, which consists of two options. The first option is the **EIDA application**. The second option is the **EIDA**. If the EIDA application is chosen, the fourth field name will automatically change to the **EIDA application number**, if EDIA is chosen fourth field name will automatically change to the **EIDA No**. The data is specific for each identity type.
- The third field is the **unified number**.
- The fourth field is the **Permit/Residence No.**
- The fifth field is **Passport number.**
- The sixth field is **passport issue date.**
- The seventh field is **passport expiry date**.
- The eighth field is **profession**.
- The ninth field is **Birth Quid No.**
- The tenth field is **Quid Date**.
- The eleventh field is **Committee approval no.**
- The twelfth field is **Approval serial No.**

After data entry is done, click the **Save** button. To cancel, click the **Cancel** button, as shown in Figure (13).

| Person Details           |                          |                           |                                 |
|--------------------------|--------------------------|---------------------------|---------------------------------|
| Name AR *                | روان رياض حسين عبدالكريم |                           | Read from EIDA                  |
| Birth Date *             | 1991-01-29               | Name EN *                 | rawan riyad hussien abdalkareem |
| Applicant Mobile No*     | 050 - 5844403            | Gender *                  | Female                          |
| Nationality *            | Jordan                   | Applicant Email Address * | rawan@smartcub.co               |
| Visa/Residence Detail    | s                        |                           |                                 |
| EIDA Type                | Eida                     | EIDA No                   | 784199351060852                 |
| Unified Number*          | 51454                    | Permit/Residence No       | 458588588                       |
| Passport Number          | 51455654                 | Passport Issue Date       | YYYY/MM/DD                      |
| Passport Expiry Date     | 2018-07-01               | Profession*               | QUALITY ENGINEER                |
| Birth Quid No            | 8896                     | Quid Date                 | 2018-07-01                      |
| Committee approval no. * | 814584 )                 | Approval serial No *      | 4888557                         |
|                          |                          |                           |                                 |
|                          | Cancel                   | Save                      |                                 |

Figure (13) applicant details (People of Determination)

**Note 1:** If the person is less than ten years old, the data must be entered in these fields, the Birth Quid No and the Quid Date.

14





**Note 2:** If the "Other" type is selected for this selection special cases and the decision will be taken by HCR to accept or reject, the user will have two fields, the documentation type and the documentation number.

After the data entry is done and saved, you will be taken to the applicant attachments page, as shown in Figure (14).

| MINISTRY OF HEALTH AN                         | ND PREVENTION  | 0           | 🔹 عربی 🕷 🔹 |
|---|--|-------------|------------|
| Fitness & HCR Services +                      |  |             |            |
|   |  |             |            |
| Applicant Attachments                         |  |             |            |
| Note: Passport Copy page 1 and 2, EIDA / EIDA | Application copy 2 pages,Family Qaid Copy (local or relative) are ma | andatory    |            |
| File Name                                     |  | File        | Actions    |
| No attachments to show                        |  |             |            |
| Attachment Type -                             | Choose File No file chosen   | Upload Scan |            |
|   | Back To List Back  |             |            |
|   |  |             |            |
|   |  |             |            |
|   |  |             |            |
|   |  |             |            |
|   |  |             |            |

Figure (14) applicant attachments (health card)

#### **Required attachments:**

- $\checkmark$  Personal photo with white background.
- ✓ Copy of the valid passport page 1.
- $\checkmark$  Copy of the valid passport page 2.
- ✓ Visa Entry or Residence. (a health card for Expatriate)
- ✓ EIDA / EIDA Application copy 2 pages.
- ✓ Family Qaid Copy (local or relative). (a health card for Local)
- ✓ Committee Approval (health card for People of Determination).
- ✓ Rent contract.
- ✓ Marriage certificate.
- ✓ Birth certificate.

To enter attachments, select the attachment type from the **attachment type** list, as shown in Figure (15).





| MINISTRY OF HEALTH AND I  | PREVENTION  |             | 🏟 - 🕪 🕹 Rawan 🙂 |
|---|---|-------------|-----------------|
| Fitness & HCR Services +  |   |             |                 |
| Applicant Attachments Note: Passport Copy page 1 and 2, EIDA / EIDA App | lication copy 2 pages,Family Qaid Copy (local or relative) an | e mandatory |                 |
| File Name   |   | File        | Actions         |
| No attachments to show  |   |             |                 |
| Attachment Type -   | Choose File No file chosen                                    | Upload Scan |                 |
| Attachment Type Passport Copy Page 1 Passport Copy Page 2               | Back To List Back   |             |                 |

Figure (15) choose the attachments type (health card)

Entry is done in two ways; Method one is **uploading**, Method two is **Scan**; we will start by entering Attachments in **upload** mode. In this case, the user clicks the **Choose File** button, as shown in Figure (16).

| MINISTRY OF HEALTH AND PREVENTION  |  | 0    | 🕶 🐴 عربی 🕷 🔹 |
|--|--|------|--------------|
| Fitness & HCR Services +   |  |      |              |
|  |  |      |              |
| Applicant Attachments  |  |      |              |
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application copy 2 pages,Family Qaid | Copy (local or relative) are mandatory |      |              |
| File Name  |  | File | Actions      |
| No attachments to show   |  |      |              |
| Passport Copy Page 1    Choose File No file ch                                     | hosen Upload<br>ck To List Back        | Scan |              |
|  |  |      |              |
|  |  |      |              |
|  |  |      |              |
|  |  |      |              |

Figure (16) upload file (health card)

Then select the file you want to attach and then press the **Open** button, as shown in Figure (17).



Smart

Health Card Systems user guide



| Fitness Servi    | C Open   | ×                                       |      |                            |
|------------------|--|---|------|----------------------------|
|                  | 🚱 💭 🗢 🖬 ト Libraries ト Pictures ト   | <ul> <li>✓ ✓ Search Pictures</li> </ul> |      |                            |
|                  | Organize 👻 New folder  | E • 🗋 🔞                                 |      |                            |
| Applican         | Constructions     Construction     Construction | Arrange by: Folder 🔻                    |      | Create Fitness Application |
| Note: Passport C | 💯 Recent Places  |   |      |                            |
| File Name        | <ul> <li>✓ □ Libraries</li> <li>▷ □ Documents</li> </ul>   |   | File | Actions                    |
| No attachmen     | Music     E Pictures   |   |      |                            |
| Passport Copy p  | ▷ I Videos ▷ I Computer  |   | en   | Upload Scan                |
|                  | > 🙀 Network  |   |      |                            |
|                  | File name:   | ✓ All Files ▼                           |      |                            |
|                  |  | Open  Cancel                            | a    |                            |
|                  |  |   |      |                            |
|                  |  |   |      |                            |

Figure (17) Choose File (health card)

To edit the attachment, click the Choose File button again and choose the file you want.

### Note (1): When choosing a file, please note that it does not exceed 500 KB.

# **Note (2):** When choosing a file, consider that the file format is one of these formats (JPEG / GIF / X-PNG / BMP).

To download the attachment, select the attachment and click on the arrow icon, as shown in Figure (18).





| Applicant Attachments  |             |         |
|--|-------------|---------|
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application copy 2 pages,Family Qaid Copy (local or relative) an |             |         |
| File Name Passport Copy Page 1   | File        | Actions |
| Passport Copy Page 2   |             | ± ×     |
| EIDA / EIDA Application copy 2 pages   |             | ¥ ×     |
| Family Qaid Copy (local or relative)   |             | ¥ ×     |
| Attachment Type   Choose File No file chosen  Back To List Back 0  | Upload Scan |         |

Figure (18) download the attachment (health card)

Delete Attachment Select the attachment and click the delete icon, as shown in Figure (19).

| MINISTRY OF HEALTH AND PREVENTION   | 🕸 🔹 🖘 🕹 🕸 🕸 |
|---|-------------|
| Fitness & HCR Services +  |             |
| Applicant Attachments   |             |
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application copy 2 pages,Family Qaid Copy (local or relative) are mandatory   |             |
| File Name File  | Actions     |
| Passport Copy Page 1  | Lelete      |
| Passport Copy Page 2  | <u>*</u> ×  |
| EIDA / EIDA Application copy 2 pages  | <b>≛</b> ×  |
| Family Qaid Copy (local or relative)  | <b>≛</b> ×  |
| Attachment Type     Choose File     No file chosen     Upload     Scan       Back To List     Back     Confirm  |             |
| Contact Us   Help   Sitemap   Privacy Policy   Terms & Condition   Accessibility Policy   Disclaimer   Suggestions   Complaints   Support Conlact #04-<br>Updated on: 3004/2018<br>This site is bes zeroen resolution | 3288863     |

Figure (19) delete the attachments (health card)



Health Card Systems user guide



To return to the new applicant page, click the **back** button. The user will receive a warning message, "Are you sure you want to return to the list? Please save the data", as shown in (20).

| MINISTRY OF HEALTH AND PREVEN                                 | sfstg.mohap.gov.ae says<br>Are you sure you want to go back to the list? Please save your updates.  | Ø-                        | 🔹 عربی 🕷 🕊 | ) |
|---|---|---------------------------|------------|---|
| Applicant Attachments   | OK  |                           |            |   |
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application cop | y 2 pages,Family Qaid Copy (local or relative) are mandatory  | File                      | Actions    |   |
| Passport Copy Page 1  |   |                           | ¥ ×        |   |
| Passport Copy Page 2  |   |                           | ± ×        |   |
| EIDA / EIDA Application copy 2 pages                          |   |                           | ± ×        |   |
| Family Qaid Copy (local or relative)                          |   |                           | ± ×        |   |
| Attachment Type - Cl  | hoose File No file chosen Upload Scan<br>Back To List Back Confirm  |                           |            |   |
| Contact Us   Help   Silemap   Privacy P                       | olicy   Terms & Condition   Accessibility Policy   Disclaimer   Suggestions   Complaints   Sup<br>Updated on: 3004/2018<br>This site is best viewed in 1024/X68 screen resolution<br>Supported Browsers 🌱 🐑 🥸 💋 | port Contact #:04-3288863 |            |   |

Figure (20) alert message to return to the application page (health card)

To return to the main page, click the **Back to list** button, the user will receive a warning message, "Are you sure you want to return to the list? Please save the data", as shown in (21).





| Fitness & HCR Services -                                    | Are you sure you want to go back to the list? Please save your updates.   |                        |       |     |
|---|---|------------------------|-------|-----|
| Applicant Attachments                                       | OK Cancel   |                        |       |     |
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application c | opy 2 pages,Family Qaid Copy (local or relative) are mandatory  | File                   | Acti  | ons |
| Passport Copy Page 1  |   |                        | *     | ×   |
| Passport Copy Page 2  |   |                        | *     | ×   |
| EIDA / EIDA Application copy 2 pages                        |   |                        | *     | ×   |
| Family Qaid Copy (local or relative)                        |   |                        | *     | ×   |
| Attachment Type   | Choose File No file chosen Upload Sca<br>Back To List Back Confirm  | n                      |       |     |
| Contact Us   Help   Sitemap   Privac                        | Policy   Terms & Condition   Accessibility Policy   Disclaimer   Suggestions   Complaints   Si<br>Updated on: 3004/2018<br>This site is best viewed in 1024x766 screen resolution<br>Supported Browsers 🧊 은 실 🖉 | upport Contact #.04-32 | 88863 |     |

Figure (21) alert message to return to main page (health card)

After all attachments are attached, **confirm** button will appear as shown in Figure (22).





| Applicant Attachments Note: Passport Copy page 1 and 2, EIDA / EIDA Application copy 2 pages, Family Qaid Copy (locc | al or relative) are mandatory |       |     |
|--|-------------------------------|-------|-----|
| File Name  | File                          | Actie | ons |
| Passport Copy Page 1   |                               | *     | ×   |
| Passport Copy Page 2   |                               | *     | ×   |
| EIDA / EIDA Application copy 2 pages   |                               | *     | ×   |
| Family Qaid Copy (local or relative)   |                               | *     | ×   |
| Attachment Type   Choose File No file chosen Back To List  | Upload Scan<br>Back Confirm   |       |     |

Figure (22) confirm (health card)

Click on the **Confirm** button. A review application details will appear, confirming the application details. To return click the **Back** button. After confirming the data, click on **proceed to payment** button, as shown in Figure (23).





| Applicant         | Attachments  |                                 |                                      |      |
|-------------------|--|---------------------------------|--------------------------------------|------|
| Note: Passport Co | Review Application Details                         |                                 |                                      | ×    |
| Note. Pussport of | Attachments  |                                 |                                      | *    |
| File Name         |  |                                 |                                      | ions |
| Passport Copy     |  |                                 |                                      | ×    |
| Passport Copy     | Passport Copy Page 1 :photo.jpg                    | Passport Copy Page 2 :photo.jpg | EIDA / EIDA Application copy 2 pages | ×    |
| EIDA / EIDA A     |  |                                 | :photo.jpg                           | ×    |
|                   |  |                                 |                                      |      |
| Family Qaid C     |  |                                 |                                      | ×    |
| Attachment Ty     | Family Qaid Copy (local or relative)<br>:photo.jpg |                                 |                                      |      |
|                   |  | Back Proceed To Paymer          | it                                   |      |

Figure (23) review application details (health card)

You will be taken to the payment page where the payment is confirmed, as shown in Figure (24).





| MINISTRY OF H                     | EALTH AND PREVENTION  | 🏟 - المربى 🚯 🔹 🖒 |
|-----------------------------------|---|------------------|
| Fitness & HCR Services +          |   |                  |
| Payment Confirma                  | tion  |                  |
| A tranacation 'H0100087006H7I' fo | r below services will be initiated on your confirmation using edirham online payment. |                  |
|                                   | Service Name  |                  |
|                                   | Health Card entered by company/individual.  |                  |
|                                   | Smart Cube Health Card Application  |                  |
|                                   | Health Card for Local More Than 18 Years  |                  |
| I agree with all payment term     | is provided by ministry of health on this Link:<br>الدرهم الإلكتروني<br>e-dirhom      | Payment          |
|                                   |   |                  |

Figure (24) payment confirmation (health card)

Click on the box to approve all payment terms provided by the Ministry of Health. To pay, click the **payment** button as shown in Figure (24). You will be taken to the Payment Methods page. As shown in Figure (25).





| Payment Methods Types<br>Please select one of the payment methods         |  |
|---|--|
| eDirham G2 Cards  |  |
| E9 critician<br>uoob 223% 5678 %0.0<br>Private Label Magnetic Stripe Card |  |
|   |  |
| eVoucher  |  |
| O eD-Voucher  |  |
| E9 rithan Audit E9 rithan Audit   |  |
| Co-branded Chip Card  |  |
|   |  |
| Co-branded Chip based card Corporate                                      |  |
|   |  |
| + Non-eDirham Cards   |  |
| + eD-Wallet   |  |
| Confirm Cancel  |  |



Then choose a payment method that consists of three types; first type eDirham G2 Cards, second type eDirham Cards, the third type eD-Wallet, each one has multiple payment cards. As shown in Figure (25). After selecting the payment card type, click on the **Confirm** button. To cancel the payment, press the Cancel button as shown in Figure (25).

### **Fees required:**

### For the Local:

- less than 10 years 25 AED. •
- 11-18 years 50 AED. •
- 18 years and above 100 AED.

### GCC:

- less than 10 years 25 AED. •
- 11-18 years 50 AED. •
- 18 years and above 100 AED. •

### For the expatriate:

500 AED. •

### **People of Determination:**

• 500 AED.

There is an additional charge depending on the type of card used to pay.







# Renew Health Card

In page new fitness and HCR applications allows the user to renew a health card that consists of four types:

- ✤ New Health Card Expatriate.
- ✤ New Health Card Local.
- $\checkmark$  New Health Card GCC.
- ✤ New Health Card People of Determination.

The health card type is selected by clicking the button **New Health Card – Expatriate**, **New Health Card – Local**, **New Health Card – GCC** or **New Health Card – People of Determination**. As shown in Figure (5). You will be taken to a new health card page which consists of three forms; First Form **sponsor**, Second Form **applicant** and the third from is **Visa/Residence Details**, we will start filling out the **sponsor** form, as shown in Figure (26).

| MINISTRY OF              |          |               |                   |     |
|--------------------------|----------|---------------|-------------------|-----|
| Fitness & HCR Services - |          |               |                   |     |
|                          |          |               |                   |     |
| Health Card - Exp        | oatriate |               |                   |     |
|                          |          |               |                   |     |
| Application Type *       | Renew    | ▼ EIDA/H      | lealth Number Sea | rch |
| Sponsor \ Address        |          |               |                   | _   |
| Sponsor (Arabic)         | تحديد    | - PO Box      |                   |     |
| Home Phone No            | 02 -     | Work Phone No | 02 -              |     |
|                          | Emirate  | Ţ City*       | City              | ÷   |
| Emirate*                 |          |               |                   |     |
| Emirate * Street         |          | Address       |                   |     |

Figure (26) Sponsor \ Address renew (health card)

To renew the health card, choose renew. If the card type is for a GCC national or local, the sponsor's form includes a list of two options: the **HCR Expiry Above 2014**. The second option is the **HCR Expiry Below 2014**. As shown in Figure (27).





|                            | OF HEALTH AN | D PREV | ENTION |     |  | 🔹 عربی 🔹 🔹 Rawan      |
|----------------------------|--------------|--------|--------|-----|--|-----------------------|
| Fitness & HCR Service:     |              |        |        |     |  |                       |
| Health Card - I            |              |        |        |     |  |                       |
| Application Type*          | Renew        |        | •      |     |  | /Health Number Search |
|                            |              |        |        | HCR | Expiry Above 2014<br>Expiry Below 2014 |                       |
| Sponsor (Arabic)           | تحديد        |        |        | 1   | PO Box                                 |                       |
|                            | 02           | •      |        |     | Work Phone No                          | 02 •                  |
| Home Phone No              |              |        |        |     |  |                       |
| Home Phone No<br>Emirate * | Emira        | ate    |        | -   | City "                                 | City                  |
|                            | Emira        | ate    |        | •   | City *<br>Address                      | City                  |

Figure (27) renew (GCC national or local)

Then enter the EIDA or Health number and then click on **Search**, all the data of the health card application will be retrieved. After the data recovery process, click the **Save** button. To cancel, click the **Cancel** button. After the data is saved, you will be taken to the attachments page. The attachment process was previously explained.

## Edit the Health card application

To modify the request, select the application you want to edit, and then click on the application number. In this case, the application is missing in the attachments or the application has not been confirmed, as shown in Figure (28).





| New Health Card-I                       |                                    |                      | New Health Card-GCC                     | New Health Card-De         | etermination<br>Application |                | tness Applicant     | Abou<br>Search | ut Service<br>Reset |
|---|------------------------------------|----------------------|---|----------------------------|-----------------------------|----------------|---------------------|----------------|---------------------|
| Application<br>Number                   | Application D                      | ate Status           | Name EN                                 | Name AR                    | Gender                      | Birth<br>Date  | Residence<br>Number | Created<br>By  |                     |
| H0200087002F71                          | 2018-07-15<br>09:35:28             | ApplicantDetailSubmi | itted ola riyad hussein<br>abdelkareem  | علا رياض حسين<br>عبدالكريم | Female                      | 2000-07-<br>16 | 8544585             | Rawan20        | ۲                   |
| حسين عبدالكريم - Edit<br>H0200087011B7I | علا رياض<br>2018-07-11<br>16:15:06 | ApplicantDetailSubmi | itted saef riyad hussien<br>abdelkareem | سیف ریاض حسین<br>عبدالگریم | Male                        | 1991-01-<br>29 | 9856959             | Rawan20        | ۲                   |

Figure (28) edit the application (health card)

You will be taken to the Health Card Modification page, which consists of two forms .The first form is the sponsor, the second form is the applicant, the user can modify all the data on the edit page to save the changes, Click on the Save button. To cancel click the Cancel button, to attach attachments Press the Attachments button. As shown in Figure (29).





| Name AR *             | علا رياض حسين عيدالكريم |           |                          | Read from EIDA                |  |
|-----------------------|-------------------------|-----------|--------------------------|-------------------------------|--|
| Birth Date *          | 2000-07-16              |           | Name EN *                | ola riyad hussein abdelkareem |  |
| Applicant Mobile No * | 050 - 5844403           |           | Gender *                 | Female                        |  |
| Nationality *         | Jordan -                |           | Applicant Email Address* | rawan@smartcube.co            |  |
| Visa/Residence Detai  | ls                      |           |                          |                               |  |
| EIDA Type             | Eida                    | -         | EIDA No *                | 784197653927976               |  |
| Visa Type*            | Residence               | •         | Unified Number*          | 98985                         |  |
| Permit/Residence No*  | 8544585                 |           | Residence Issue Date*    | 2018-07-08                    |  |
| Residence Expiry Date | 2021-07-15              |           | Passport Number*         | 54855475                      |  |
| Passport Issue Date * | 2013-07-11              |           | Passport Expiry Date *   | 2021-07-14                    |  |
| Profession *          | NOT EMPLOYED            | ÷         | Birth Quid No            |                               |  |
| Quid Date             | YYYY/MM/DD              |           |                          |                               |  |
|                       |                         |           |                          |                               |  |
|                       |                         | Cancel Sa | Attachments              |                               |  |

Figure (29) edit health card

If you click on the Attachments button, you will be transferred to the attachments page of the application described above in the attachment process.

# Payment receipt

To view the payment details, select the application in which you want to view the payment details from the application table, and then click on the icon payment receipt in the operation field, as shown in Figure (30).





| Fitness & HCR Sei     | rvices +               |                           |                                      |                              |             |                |                     |               |            |
|-----------------------|------------------------|---------------------------|--------------------------------------|------------------------------|-------------|----------------|---------------------|---------------|------------|
|                       |                        |                           |                                      |                              |             |                |                     |               |            |
| pplication            | s/Inquiry              |                           |                                      |                              |             |                |                     |               |            |
| pproduction           | Singany                |                           |                                      |                              |             |                |                     |               |            |
| New Health Card-      | Expatriate New         | Health Card-Local New H   | lealth Card-GCC New                  | v Health Card-Determi        | ination     | New Fitne      | ess Applicant       | Abou          | t Service  |
|                       |                        |                           |                                      |                              |             |                |                     |               |            |
| Application Da F      | rom: 2018-07-          | 01 <b>To:</b> 2018-07-    | 18 Status                            | - Appl                       | lication #: |                |                     | Search        | Reset      |
|                       |                        |                           |                                      |                              |             |                |                     |               |            |
| Application<br>Number | Application Date       | Status                    | Name EN                              | Name AR                      | Gender      | Birth<br>Date  | Residence<br>Number | Created<br>By |            |
| H0100087006H7I        | 2018-07-17<br>12:36:41 | ApplicantPaymentInitiated | samer riyad hussien<br>abdelkareem   | سامر ریاض حسین<br>عیدالکریم  | Male        | 2000-07-<br>10 |                     | Rawan20       | 0 23       |
| H0200087006F7I        | 2018-07-15<br>10:00:31 | ApplicantPaymentCompleted | talal riyad hussien<br>abdelkareem   | طلال ریاض حسین<br>عبدالکریم  | Male        | 1990-07-<br>10 | 595555958           | Rawan20       | 8          |
| H0200087002F7I        | 2018-07-15<br>09:35:28 | ApplicantDetailSubmitted  | ola riyad hussein<br>abdelkareem     | علا ریاض حسین<br>عیدالکریم   | Female      | 2000-07-<br>16 | 8544585             | Rawan20       | Payme      |
| H0100087001F7I        | 2018-07-15<br>09:32:01 | ApplicantHealthCardIssued | abeer riyad hussein<br>abdelkareem   | عییر ریاض حسین<br>عیدالکریم  | Female      | 2008-07-<br>12 |                     | Rawan20       | 810        |
| H0200087007C7I        | 2018-07-12<br>16:22:22 | ApplicantPaymentInitiated | khaleda riyad hussien<br>abdelkareem | خالدة رياض حسين<br>عبدالكريم | Female      | 1991-01-<br>29 | 62548445            | Rawan20       | <b>(1)</b> |
|                       |                        |                           |                                      |                              |             |                |                     |               |            |

#### Figure (30) Payment receipt (health card)

You will open a new page to view the payment details, as shown in Figure (31).

| Print           |   | 7/16/2018        | HPaymentRaceipt  |
|-----------------|---|------------------|--|
| Total: 2 sheets | Print Cancel  |                  | دولة الامارات العربية<br>دالمتحدة<br>وزرة حسة<br>البرة طب والاس  |
| Destination     | HP Black Printer 100 on                             |                  | الايصال وعدي<br>المسال (180000667569 الايصال دفع<br>الكتروني   |
| Pages           | <ul> <li>All</li> <li>e.g. 1-5, 8, 11-13</li> </ul> |                  | shoroq nyad hussien الاسم الكليز في 2018-07-11 (الكثرية)<br>abdekareem   |
| Copies          | 1   |                  | الاسم شروق ريغتن مسين عبدالكريم  |
| Layout          | Portrait  |                  | ایمال رقم 18000067569 معاشه رقم<br>المیان الاوسانی (م<br>المیان الاوسانی (م  |
| Color           | Black and white 👻                                   |                  |  |
| + More set      | ttings  |                  | رسف تخدية ريز القدية ريز القدية<br>وصف تخدية الرئيسي القرعي  |
| Print using sys | stem dialog (Ctrl+Shift+P)                          |                  | حمدة أوزارة من مع الانشذارة الذكرة لمثلية البلغة السحية 10 00000 0325<br>من طريق الأواد أو الشركات<br>حمدة المكعب الذكي من بين الإستدارة الذكية لطليات البطاغة 5 000000 0323<br>السحية                             |
|                 |   |                  | بطاقة مسجة لمواطن عمره اكثر من 18 سنة 00000 100<br>رسوم التوهم الإكثاروني 3 00000 00000 رسوم التوهم الإكثاروني   |
|                 |   |                  | اسر طیز<br>۱۰۰۰ الکی 2020  |
|                 |   | https://sfstg.mc | ن (الإسارة العلي الع<br>معهد ADHOninePortallPaymerRecept app://kgole=ODfb2bank=4%23Db3bb/bit.Loomed.For.Production)= 112 |

Figure (31) payment detail (health card)

29





To print the receipt, press the **Print** button, to cancel, click the **cancel** button, as shown in Figure (31).

# Print the Health Card Form

To print the application, select the application you want to print from the application table, and then click the printer image in the operation field, as shown in Figure (61).

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|----------------------------|------------------------|----------------------|-------------|--------------------------------------|-----------------------------|----------------|----------------|------------------------|---------------|----------------|
| Fitness & HCR S            | ervices -              |                      |             |                                      |                             |                |                |                        |               |                |
| pplicatior                 | ns/Inquiry             | /                    |             |                                      |                             |                |                |                        |               |                |
|                            |                        | 8                    |             |                                      |                             |                |                |                        |               |                |
| New Health Card            | I-Expatriate           | New Health Card-Loca | al New H    | lealth Card-GCC N                    | ew Health Card-Dete         | ermination     | New Fitnes     | s Applicant            | Abou          | l Service      |
| Application D <del>a</del> | From: 201              | 8-07-01 то:          | 2018-07-1   | 18 Status                            | - A                         | Application #: |                |                        | Search        | Reset          |
| Application<br>Number      | Application            | Date Status          |             | Name EN                              | Name AR                     | Gender         | Birth<br>Date  | Residence<br>Number    | Created<br>By |                |
| H0100087006H7I             | 2018-07-17<br>12:36:41 | ApplicantPayme       | ntInitiated | samer riyad hussien<br>abdelkareem   | امر رياض حسين<br>عبدالكريم  | - Male         | 2000-07-<br>10 |                        | Rawan20       | 0              |
| H0200087006F7I             | 2018-07-15<br>10:00:31 | ApplicantPayme       | ntCompleted | talal riyad hussien<br>abdelkareem   | لال رياض حسين<br>عبدالكريم  | Male ط         | 1990-07-<br>10 | 595555958              | Rawan20       | Health Card Fo |
| H0200087002F7I             | 2018-07-15<br>09:35:28 | ApplicantDetailS     | ubmitted    | ola riyad hussein<br>abdelkareem     | علا رياض حسين<br>عبدالگريم  | Female         | 2000-07-<br>16 | 854 <mark>4</mark> 585 | Rawan20       |                |
| H0100087001F7I             | 2018-07-15<br>09:32:01 | ApplicantHealth      | CardIssued  | abeer riyad hussein<br>abdelkareem   | بير رياض حسين<br>عبدالكريم  | - Female       | 2008-07-<br>12 |                        | Rawan20       | 8              |
| H0200087007C7I             | 2018-07-12<br>16:22:22 | ApplicantPayme       | ntInitiated | khaleda riyad hussien<br>abdelkareem | ىڭدە رياض حسين<br>عبدالكريم | Female خ       | 1991-01-<br>29 | 62548445               | Rawan20       | CC ()          |
| H0200087003C7I             | 2018-07-12<br>12:43:01 | ApplicantPayme       | ntInitiated | dalal riyad hussien<br>abdelkareem   | لال رياض حسين<br>عبدالكريم  | - Female       | 1991-01-<br>29 | 6595584787             | Rawan20       | CC ()          |
| H0500087003C7I             | 2018-07-12<br>12:14:54 | ApplicantPayme       | ntInitiated | rana riyad hussien<br>abdelkareemm   | رنا ریاض حسین<br>عبدالکریم  | Female         | 2006-07-<br>03 |                        | Rawan20       | 00 00          |

Figure (32) print the health card form

A new page will be opened to the application, as shown in Figure (33).





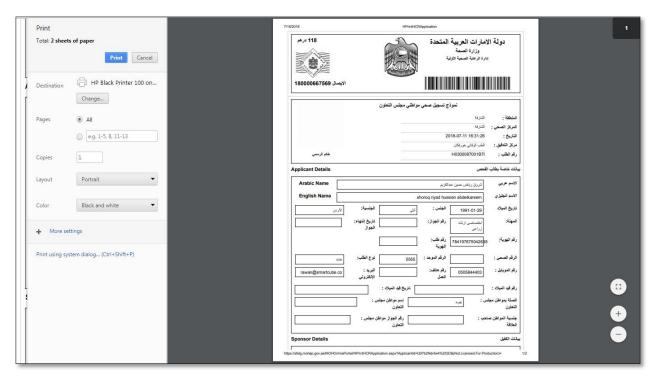
| 518 نردد             |                            | ولة الإمارات العربية المتحدة<br>وزارة الصمة | 4                            |
|----------------------|----------------------------|---|------------------------------|
| 8                    | Road Hand                  | بدارة الرعاية الصحية الأولية                |                              |
| الايصال 180000687540 |                            |   |                              |
|                      | تموذح تسجيل صحى فلة واقد   |   |                              |
|                      |                            | مدرلة                                       | : andres                     |
|                      |                            | <i>سر</i> ة                                 | لدركاز الصدي :               |
|                      |                            | 2018-07-15 10:00:31<br>تطب الرقني خزركتان   | الداريخ :                    |
| ڪتام ترسفن           |                            | H0200087008F7I                              | مركز التقيق :<br>رقم الطلب : |
| Applicant Details    |                            | ەن  | يداد خاصة بطائب الأم         |
| Arabic Name          |                            | علال ريادن عنين جناكريو                     | الانتم عريبي                 |
| English Name         |                            | talai riyad hussion abdelkareem             | الأسر الجليزي                |
| الأرنن               | لكو الجنسية:               | 1990-07-10 قَجِنُس :                        | دريخ البيلاد                 |
| 2020-07-30           | 958524 تاريخ إلتهاء الجراز | التصاصي ارغد زراحي وقم اليواق:              | المهنة:                      |
|                      | 787545646461351681         | رقم طائب الهور                              | رة, فيرية:                   |
| غونية                | نوع الطانيا: 45847         | 2990071040100009 الرقم الدرحد :             | الرقم الصحي :                |
| rawan@smartcube.co   | ىلى: البريد الإنفتروني :   | رقْم ھاتت ئىم                               | رقہ ضوبان :                  |
|                      | ەزىخ قېد ئىينە :           |   | رقع قيد الميلاد :            |
| <u>ښا:</u>           | الألمة: الريخ التهاء       | رام الصريح / الإقامة الدار ا                | توع التقبيرة :               |
| Sponsor Details      |                            | 0.007 0.02                                  | يردات فكفيل                  |
|                      |                            | محب فكي 2020                                | اسم الكفيل                   |
|                      | رقم هات المقزل : 02        |   | البتاية / اسم البيت          |
|                      |                            | اسرية اسريته: (سر                           | الإسارة :                    |



To return to the application page, click the **back** button. To print a disease-free certificate request, click the **print** button. As shown in Figure (33). When you click Print, the print screen will appear, as shown in Figure (34).

Health Card Systems user guide







Then click the **print** button to print. To cancel, press the **cancel** button, as shown in Figure (34). To print the receipt, press the **Print Payment** button, as shown in Figure (33). You will be taken to the electronic payment page.

# Payment (health card)

For pay the application, select the application you want to pay from the application table, and then click on payment icon in the operation field, as shown in Figure (35).





|                       | interent               | AND PREVENTION            |                                    |                             |             |                | **                  | 19 500        | 🛓 Rawan |
|-----------------------|------------------------|---------------------------|------------------------------------|-----------------------------|-------------|----------------|---------------------|---------------|---------|
| Fitness & HCR Ser     | rvices -               |                           |                                    |                             |             |                |                     |               |         |
|                       |                        |                           |                                    |                             |             |                |                     |               |         |
| pplication            | s/Inquiry              |                           |                                    |                             |             |                |                     |               |         |
| Pprioution.           | oqui y                 |                           |                                    |                             |             |                |                     |               |         |
| New Health Card-      | Expatriate New         | Health Card-Local New H   | lealth Card-GCC New                | / Health Card-Determ        | ination     | New Fitne      | ess Applicant       | Abou          | Service |
|                       |                        |                           |                                    |                             |             | -              |                     |               |         |
| Application Da F      | rom: 2018-07-          | -01 <b>To:</b> 2018-07-   | 18 Status                          | - App                       | lication #: |                |                     | Search        | Reset   |
|                       |                        |                           |                                    |                             |             |                |                     |               |         |
| Application<br>Number | Application Date       | Status                    | Name EN                            | Name AR                     | Gender      | Birth<br>Date  | Residence<br>Number | Created<br>By |         |
| H0100087006H7I        | 2018-07-17             | ApplicantPaymentInitiated | samer riyad hussien                | سامر رياض حسين              | Male        | 2000-07-       |                     | Rawan20       | 0       |
|                       | 12:36:41               |                           | abdelkareem                        | عبدالكريم                   |             | 10             |                     |               | Payment |
| H0200087006F7I        | 2018-07-15<br>10:00:31 | ApplicantPaymentCompleted | talal riyad hussien<br>abdelkareem | طلال رياض حسين<br>عبدالكريم | Male        | 1990-07-<br>10 | 595555958           | Rawan20       |         |
| H0200087002F7I        | 2018-07-15             | ApplicantDetailSubmitted  | ola riyad hussein                  | علا رياض حسين               | Female      | 2000-07-       | 8544585             | Rawan20       | ۲       |
|                       | 09:35:28               |                           | abdelkareem                        | عبدالكريم                   |             | 16             |                     |               |         |
| H0100087001F7I        | 2018-07-15<br>09:32:01 | ApplicantHealthCardIssued | abeer riyad hussein<br>abdelkareem | عییں ریاض حسین<br>عبدالکریم | Female      | 2008-07-<br>12 |                     | Rawan20       | 8       |
| H0200087007C7I        | 2018-07-12             | ApplicantPaymentInitiated | khaleda riyad hussien              | خالدة رياض حسين             | Female      | 1991-01-       | 62548445            | Rawan20       | 00      |
|                       | 16:22:22               |                           | abdelkareem                        | عبدالكريم                   |             | 29             |                     |               |         |
|                       |                        |                           |                                    |                             |             |                |                     |               |         |

#### Figure (35) payment the health card application

You will be taken to the payment page that the payment is confirmed as shown in Figure (36).

| MINISTRY OF HE                                     | ALTH AND PREVENTION  | 🔹 🔹 🐝 🕹 Rawan 🕹      |  |  |  |  |  |
|--|--|----------------------|--|--|--|--|--|
| Fitness & HCR Services -                           |  |                      |  |  |  |  |  |
| Payment Confirmat                                  | ion  |                      |  |  |  |  |  |
| A tranacation 'H0100087006H7I' for                 | below services will be initiated on your confirmation using edirham online payment.  |                      |  |  |  |  |  |
|  | Service Name   |                      |  |  |  |  |  |
|  | Health Card entered by company/individual.   |                      |  |  |  |  |  |
|  | Smart Cube Health Card Application   |                      |  |  |  |  |  |
|  | Health Card for Local More Than 18 Years   |                      |  |  |  |  |  |
| <ul> <li>I agree with all payment terms</li> </ul> | provided by ministry of health on this Link.   |                      |  |  |  |  |  |
|  |  | Payment              |  |  |  |  |  |
| Contact<br>  | Js   Heip   Sitemap   Privacy Policy   Terms & Condition   Accessibility Policy   Disclaimer   Suggestions   Complaints   Support 4<br>Updated on: 3004/2018<br>This site is best viewed in 10/24/2768 screan resolution | Contact # 04-3268963 |  |  |  |  |  |

Figure (36) payment confirmation (health card)



Health Card Systems user guide



A message will be sent to your e-mail and to your mobile number in case of payment, acceptance or rejection of the application.

# Rejected applications (Health cards)

The rejected application is selected from the **Fitness & HCR Services** list's that you will be redirected to rejected application page. The page consists of two parts. The first part is search; second part is Table of rejected applications. As shown in Figure (37).

| Rejected Ap        | Jication |              |          |         |                    | Ĺ                         |        | Searc      | )                |            |   |
|--------------------|----------|--------------|----------|---------|--------------------|---------------------------|--------|------------|------------------|------------|---|
| Application Date   | + From : | 2018-07-0    | )1       | To :    | 2018-07-18         | Application Number :      |        |            | Search           | Reset      |   |
| Application Number | Appli    | cation Date  | Name E   | N       |                    | Name AR                   | Gender | Birth Date | Residence Number | Created By |   |
| H010002E002A7I     | 2018-07  | -10 16:49:21 | updated  | l data  |                    | معاملة تحديث من الاستقبال | Male   | 2008-07-10 |                  | testc      | ۲ |
| H0500087019A7I     | 2018-07  | -10 16:38:16 | wijdan r | iyad hu | ssien abdelkareemm | وجدان رياض حمين عبدالكريم | Female | 1999-07-04 |                  | Rawan20    | ۲ |
| H0300087006971     | 2018-07  | -09 12:56:32 | abed riy | ad huse | sien abdelkareem   | عبد رياض حسين عبدالكريم   | Male   | 2007-07-09 |                  | Rawan20    | ۲ |
|                    |          |              | Т        | abl     | e of rejecte       | ed application            | ns     | )          |                  |            |   |

Figure (37) rejected applications (health card)

# Search for health card applications (rejected applications)

Select the application date or birth date from list and insert (from, to) or application number and click on the search button. To clear the data entered in the search field, press the reset button. As is in the following form.

| Application Date | + From : | YYYY-MM-DD | то : | YYYY-MM-DD | Application Number : | Sea | arch | Reset |
|------------------|----------|------------|------|------------|----------------------|-----|------|-------|
|------------------|----------|------------|------|------------|----------------------|-----|------|-------|

After the search is done on the rejected application, the records will appear in the table, as shown in Figure (38).





| Application Date   | + From : | 2018-07-0    | 1 <b>To</b> :   | 2018-07-18         | Application Number :      | H05000 | 87019A7I   | Search           | Reset      |   |
|--------------------|----------|--------------|-----------------|--------------------|---------------------------|--------|------------|------------------|------------|---|
| Application Number | Appli    | cation Date  | Name EN         |                    | Name AR                   | Gender | Birth Date | Residence Number | Created By |   |
| H0500087019A7I     | 2018-07  | -10 16:38:16 | wijdan riyad hu | ssien abdelkareemm | وجدان رياض حسين عبدالكريم | Female | 1999-07-04 |                  | Rawan20    | ۲ |
|                    |          |              |                 |                    |                           |        |            |                  |            |   |

Figure (38) rejected record (health card)

# Edit the rejected application (health card)

To edit the application, select the application you want to edit, and then click on the application number, as shown in Figure (39).





| Application Date   | + From : | 2018-07-01  | To :    | 2018-07-18         | Application Number :      | H05000 | 87019A7I   | Search           | Reset      |   |
|--------------------|----------|-------------|---------|--------------------|---------------------------|--------|------------|------------------|------------|---|
| Application Number | Appl     | cation Date | Name EN |                    | Name AR                   | Gender | Birth Date | Residence Number | Created By |   |
| H0500087019A7I     |          |             |         | ssien abdelkareemm | وجدان رياض حسين عبدالكريم | Female | 1999-07-04 |                  | Rawan20    | ۲ |
|                    |          |             |         |                    |                           |        |            |                  |            |   |

Figure (39) edit the rejected application (health card)

You will be redirected to the rejected health card request page. The user can not edit these fields; the date of birth, the application type and the EIDA type, as shown in Figure (40).





| Filness & HOR Bervices - |                          |                         |                                   |
|--------------------------|--------------------------|-------------------------|-----------------------------------|
| Health Card - Peo        | ple of Determination     |                         |                                   |
| O test                   |                          |                         |                                   |
| Sponsor \ Address        |                          |                         |                                   |
| Sponsor (Arabio)         | تحنيد                    | + PO Box                | 5566                              |
| Home Phone No            | 02 -                     | Work Phone No           | 02 + 5558895                      |
| Emirate                  | Sharjah                  | - City                  | Sharjah                           |
| Street                   |                          | Address                 | type test                         |
| Building/House Name      |                          |                         |                                   |
| Health Center Inform     |                          |                         | Free state                        |
| Area Health Center       | Sharjah                  | + Health Center*        | Sharjah                           |
| Audit Center*            | KHORFAKKAN PMD           | - Health Number         |                                   |
| Person Details           |                          |                         |                                   |
| Name AR *                | وجدان رياض حنين عباقكريم | Name EN "               | wijdan riyad husslen abdelkareemr |
| Birth Date -             | 1999-07-04               | Gender*                 | Female                            |
| Applicant Mobile No      | 050 - 5844403            | Applicant Email Address | rawan@smartcube.co                |
| Nationality *            | Jordan                   | •                       |                                   |
| -Visa/Residence Deta     | ils                      |                         |                                   |
| Applicant Type *         | New                      | EIDA No                 | 784198631848391                   |
| EIDA Type                | Elda                     | Permit/Residence No     |                                   |
| Unified Number           | 54584                    | Passport Issue Date "   | YYYY/MM/DD                        |
| Passport Number*         |                          | Profession*             | SPECIALIST IN AGR GUIDANCE        |
| Passport Number          | YYYYMM/DD                | Guid Date               | YYYY/MM/DD                        |
| Passport Explry Date "   | 1111111100               |                         |                                   |
|                          | 8784587                  | Approval certal No      | 55478                             |

Figure (40) the rejected application form (health card)

To undo the adjustments, click the **Cancel** button, as shown in Figure (40). To save the edits, click the **Save and Continue** button, as shown in Figure (40). You will be moved to the attachments. The request is modified to the data (the attachment of the attachments was previously explained). If you want to undo edits, click the **Back** button, the user is prompted with a warning message, "Are you sure you want to go back to the list? Please save the data" to continue. Click the **OK** button to cancel. Click the **cancel** button. As shown in Figure (41).





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| MINISTRY OF HEALTH AND PRE                                | VEN sfstg.mohap.gov.ae says<br>Are you sure you want to go back to the list? Please save your updates. |      | ا 占 عربی (🕩 🗲 | differi |
|---|--|------|---------------|---------|
| Fitness & HCR Services +                                  |  |      |               |         |
|   | OK Cancel  |      |               |         |
| Applicant Attachments                                     |  |      |               |         |
| Note: Passport Copy page 1 and 2, EIDA / EIDA Application | on copy 2 pages, Committee Approval are mandatory  |      |               |         |
| File Name   |  | File | Action        | ns      |
| Passport Copy Page 1                                      |  |      | *             | ×       |
| Passport Copy Page 2                                      |  |      | *             | ×       |
| EIDA / EIDA Application copy 2 pages                      |  |      | Ł             | ×       |
| Committee Approval  |  |      | *             | ×       |
| Attachment Type -   | Choose File No file chosen Upload Back To List Back Submit Application                                 | Scan |               |         |
|   |  |      |               |         |

Figure (41) Alert message while undo editing the rejected application (health card)

To return to the rejected applications page, click on the button to **back to list**, the user will receive a warning message "Are you sure to return to the list? Please **save** data" To continue click the ok button to undo Click the **cancel** button. As shown in Figure (41).

To apply, click the **submit application** button, as shown in Figure (41). The user will receive an alert message "Request submitted after update", as shown in figure (42).





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|----------------------------|---|---|--|-------------------------|----------------|
| Fitness & HCR Services +   |   |   |  |                         |                |
|                            |   |   |  |                         |                |
| <b>Rejected Applicatio</b> | n ⊗ Applicant updated details ar            | e submitted.                                  |  | ×                       |                |
|                            |   |   |  |                         |                |
| Application Date - From :  | 2018-07-01 То :                             | 2018-07-18 Application No                     | Imber : H0500087019A7I                 | Search                  | Reset          |
| Application Number         | Application Date Nar                        | ne EN Name AR Gend                            | er Birth Date R                        | esidence Number         | Created By     |
| No applicants to show      |   |   |  |                         |                |
|                            |   |   |  |                         |                |
|                            |   |   |  |                         |                |
| Contact U                  | s   Help   Sitemap   Privacy Policy   Terms | & Condition   Accessibility Policy   Disclain | ner I Suggestions I Complaints I Suppo | rt Contact #:04-3288863 |                |

Figure (42) the rejected request has been modified (health card)

# Update user information

To edit user information click on user name, as shown in figure (43).





|                        | Y OF HEAL | TH AND PREVE      | NTION          |                         |  |                 |                         | 🔅 - 📕 - 🎍 rawan riyad 🔇 |
|------------------------|-----------|-------------------|----------------|-------------------------|--|-----------------|-------------------------|-------------------------|
| Fitness Services -     |           |                   |                |                         |  |                 |                         | <del>ل</del> ا          |
|                        |           |                   |                |                         |  |                 |                         |                         |
| Rejected App           | licatior  | IS                |                |                         |  |                 |                         |                         |
| Application Date       | + From :  | 2018-03-02        | То :           | 2018-03-26              | Application Number                                     | :               |                         | Search Reset            |
| Application Number     |           | Applic            | ation Date     | Name EN                 | Name AR  | Gender          | Birth Date              | Residence Number        |
| No applicants to show. |           |                   |                |                         |  |                 |                         |                         |
| 0 records              |           |                   |                |                         |  |                 |                         |                         |
|                        |           |                   |                |                         |  |                 |                         |                         |
|                        |           |                   |                |                         |  |                 |                         |                         |
|                        |           |                   |                |                         |  |                 |                         |                         |
|                        |           |                   |                |                         |  |                 |                         |                         |
|                        |           | Contact Us   Help | Sitemap   Priv | vacy Policy   Terms & C | ondition   Accessibility Policy                        | Disclaimer   Su | iggestions   Complaints |                         |
|                        |           |                   |                | Page last u             | updated on: 03:27:2018<br>ed in 1024x768 screen resolu |                 |                         |                         |

#### Figure (43) username

You will be taken to the user info page only you can update on field email, as shown in Figure (44).

| My Info          |                     | Change Password |
|------------------|---------------------|-----------------|
| Name *           | Rawan               |                 |
| Email *          | rawan1@smartcube.co |                 |
| Emirates Id      | 784197438429819     |                 |
| Expiry Date      | 2019-07-04          |                 |
| Registration Key | 5RX74216            |                 |
|                  | Update              |                 |
|                  |                     |                 |
|                  |                     |                 |
|                  |                     |                 |

Figure (44) update user information



Health Card Systems user guide



# Change password

To change your password, click the **change password** link shown in Figure (44). You will be taken to the change password page where you enter your current password and new password and confirm your new password, as shown in Figure (45).

|                           | RY OF HEALTH AND PREVENTION  | 🔅 - 🛛 🛤 - rawan riyad 🕐 |
|---------------------------|--|-------------------------|
| Fitness Services -        |  |                         |
|                           |  |                         |
| Current Password*         |  |                         |
| New Password *            |  |                         |
| Confirm New<br>Password * |  |                         |
|                           | Save   |                         |
|                           |  |                         |
|                           |  |                         |
|                           |  |                         |
|                           |  |                         |
|                           |  |                         |
|                           | Contact Us   Help   Sitemap   Privacy Policy   Terms & Condition   Access<br>Page last updated on: 03:27<br>This site is best viewed in 1024/r08 s |                         |

Figure (45) change password

## Forgot password

In case the users forget the password click the link **Forget password** as shown in Figure (1). Your e-mail is entered and click on **Reset password** button, a link will be sent to your registered email address to reset the password, as shown in Figure (46).





| Ministry of Health And Prevention   |
|---|
| Forgot Password?<br>Enter your registered email address to reset the password.                                  |
| Reset Password     Back to Login     *Link will be sent to your registered email address to reset the password. |
|   |

Figure (46) forgot password



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