

REGISTER FOR A COVID-19 VACCINE APPOINTMENT IN

6 Steps

When registering for a COVID-19 vaccine appointment online, please be prepared with the following information:



- 01 Personal Information:** name, race, ethnicity, occupation, birth date, age, email, phone, address, city, state, zip, and county

- 02 Health Insurance** - Regardless of insurance status, YOU MUST SELECT "NO INSURANCE"

- 03 Health Questions** -
 - Is this your first or second vaccine dose?
 - If this is your second dose, which vaccine product did you receive?
 - Are you feeling sick today?
 - Have you ever had an allergic reaction that required treatment with epinephrine?
 - Have you ever had an allergic reaction to another vaccine?
 - Have you received any other vaccines in the last 14 days?
 - Have you had a positive COVID-19 diagnosis?
 - Have you received monoclonal antibody treatment for COVID-19?
 - Are you pregnant or breastfeeding?
 - Do you have a bleeding disorder or are taking a blood thinner?
 - Phase 1B Eligibility

- 04 Vaccine Consent** - You must check both boxes and sign the consent to be vaccinated

- 05 Review** - Make sure the information you provided is accurate

- 06 Choose your desired appointment time**

