

How to Register for a COVID-19 Vaccination Appointment

Use link based on date of appointment

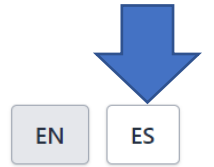
- A link will be sent out that will take you to a page to register for an appointment to receive the COVID-19 vaccine
- Each link is unique to the date of the appointment. Select the date that best suits your availability
- **DISCLAIMER:** Do NOT share this link with others.



Personal Information

Change to Spanish

- You can change the site to Spanish by clicking the “ES” button.
- Please fill out information. Red * indicates required field.
- Click “Save and Continue” to move on.



Sign Up for Vaccinations - Placer County Health Department Shots Clinic on 12/29/2020



Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older

First Name *

Middle Initial

Last Name *

Mother's Maiden Name *

Health Insurance-Not Required

- Insurance not required, select “No insurance”.
- Click “Save and Continue” to move on.



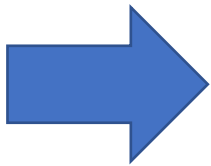
EN

ES

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The vaccine is being provided at no cost by the government. Your insurance will be charged for the costs of administering your vaccination.



Insurance Type *

No Insurance

Insurance Company Name

Member ID Number

Group Number

Health Questions

- The health questions will help determine if there is any reason you should not get the COVID-19 vaccine. **If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked by your vaccinator at your appointment.
- Fill out information. Red * indicates required field.
- Click “Save and Continue” to move on.



ENES

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PERSONAL INFORMATIONHEALTH INSURANCEHEALTH QUESTIONSADD FAMILYCONSENT FOR SERVICESREVIEWAPPOINTMENT

[Click here to review the Pfizer-BIONTECH COVID-19 Fact Sheet: https://www.fda.gov/media/144414/download](https://www.fda.gov/media/144414/download)

[Click here to review the Moderna COVID-19 Fact Sheet: https://www.fda.gov/media/144638/download](https://www.fda.gov/media/144638/download)

You must complete all fields with a star.

Do any of the following apply to you?

Is this your first or second COVID-19 vaccination? *

☐ First ☐ Second

Do you have any of the following chronic health conditions? *

- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ COPD (Chronic Obstructive pulmonary disease)
- ☐ Heart conditions, such as heart
- ☐ Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- ☐ Immunocompromised state (weakened immune system) from solid organ transplant
- ☐ Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
- ☐ Severe Obesity (BMT >= 40 kg/m2)
- ☐ Pregnancy
- ☐ Sickle Cell disease
- ☐ Smoking
- ☐ Type 2 diabetes mellitus *

☐ Yes ☐ No ☐ I don't know

Have you previously received a COVID-19 vaccine? *

☐ Yes ☐ No ☐ I don't know

Have you had a severe allergic reaction (e.g., anaphylaxis) after receiving COVID-19 vaccine? *

☐ Yes ☐ No ☐ I don't know

Have you had a severe allergic reaction (e.g. anaphylaxis) to another vaccine (not including Pfizer-BioNTech Vaccine) or any other injectable medication? *

☐ Yes ☐ No ☐ I don't know

Consent for Services

- Click box next to vaccine type offered.
- Only click one box.
- Please read consent notice.
- Sign in box using a mouse.
- Select the relationship as “Self”, and name will auto-populate.
- Click “Save and Continue” to move on.

The screenshot shows the 'Consent for Services' step of a vaccination sign-up process. At the top, there are logos for PrepMod and CDPH, and language selection buttons for EN and ES. A progress bar indicates seven steps: 1. PERSONAL INFORMATION, 2. HEALTH INSURANCE, 3. HEALTH QUESTIONS, 4. ADD FAMILY, 5. CONSENT FOR SERVICES (highlighted), 6. REVIEW, and 7. APPOINTMENT. The main heading is 'Sign Up for Vaccinations - Placer County Health Department Shots Clinic on 12/29/2020'. Below the progress bar, the instruction is 'Please select the desired vaccine for each patient'. Under 'Vaccines for: Test Test *', there is a checkbox for 'Moderna COVID-19 Vaccine (EUA Fact Sheet)' with a note: 'If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated'. A link 'To view the Immunization Registry Notice Click here' is provided. A green box contains the 'Consent for Vaccination - You Must Sign This to Receive this Service' text, which states that by signing, the user gives permission for vaccination and that the info will be entered into the local California Immunization Registry (CAIR2, HealthFutures or SIDR). It lists four points of agreement: (1) The information provided is correct; (2) I have read the EUA Fact Sheet provided; (3) I understand the risks and benefits of getting the vaccine(s) and consent for me and my family to be vaccinated; (4) Any questions I had about the vaccine(s) have been answered. Below this, there are two options: 'SIGN MY NAME' (a blue button) and 'TYPE MY FULL NAME'. The 'SIGN MY NAME' option is selected, leading to a signature box with the prompt 'Please sign your name here with your finger or a mouse *'. A 'Clear' button is at the bottom right of the signature box. At the bottom of the form, there is a 'Date' field with '12/23/2020', a 'Relationship to Patient *' dropdown menu with 'Select' chosen, and 'First Name *' and 'Last Name *' text input fields.

PrepModSM CDPH

EN ES

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1 2 3 4 5 6 7
PERSONAL INFORMATION HEALTH INSURANCE HEALTH QUESTIONS ADD FAMILY CONSENT FOR SERVICES REVIEW APPOINTMENT

Please select the desired vaccine for each patient

Vaccines for: Test Test *

☐ Moderna COVID-19 Vaccine ([EUA Fact Sheet](#))
If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated

To view the Immunization Registry Notice [Click here](#)

Consent for Vaccination - You Must Sign This to Receive this Service
In signing this form, I give permission to be vaccinated and understand that my vaccination will be entered into my local California Immunization Registry (CAIR2, HealthFutures or SIDR). Further, I agree that:
(1) The information provided is correct
(2) I have read the EUA Fact Sheet provided
(3) I understand the risks and benefits of getting the vaccine(s) and consent for me and my family to be vaccinated
(4) Any questions I had about the vaccine(s) have been answered

SIGN MY NAME TYPE MY FULL NAME

Please sign your name here with your finger or a mouse *

Clear

Date
12/23/2020

Relationship to Patient * First Name * Last Name *

Select

Review Information

- Review information before submission.
- Click “Save and Continue” to move on.



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Review Your Details

Please review all of the details you have entered. To make any corrections, please click Back to return to previous screens.

Personal Information

First Name Test	Middle Initial	Last Name Test	Mother's Maiden Name Test
Date Of Birth 03/04/2001	Age 19	Gender F	Email Address
Address 12332 Hesperia Road	City Victorville	State CA	Zip Code 92395
Mobile or Daytime Number 530.555.9121			

Choose Appointment Time

- Choose the appointment based on availability.
- Please do not sign up for wait list, as it isn't available.
- “Find Another Location” button will not list other COVID19 vaccination sites.



EN ES

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Please select a time for your appointment

Time	Appointments Available
<input type="radio"/> 11:00 am	2 appointments available
<input type="radio"/> 11:07 am	2 appointments available
<input type="radio"/> 11:14 am	2 appointments available
<input type="radio"/> 11:21 am	2 appointments available
<input type="radio"/> 11:28 am	2 appointments available
<input type="radio"/> 11:35 am	2 appointments available
<input type="radio"/> 11:42 am	2 appointments available
<input type="radio"/> 11:49 am	2 appointments available
<input type="radio"/> 11:56 am	2 appointments available
<input type="radio"/> 12:03 pm	2 appointments available
<input type="radio"/> 12:10 pm	2 appointments available

If there are no appointments that fit your schedule, you'll need to register for a different day using the registration links that were first provided

☐ Add To Waiting List

Someone will contact you about your appointment.

Find Another Location

Finalize

- Once the appointment time is chosen, click “Save and Continue” to finalize registration.
- An email confirmation will be sent displaying location, address, date, and time of appointment
- You can cancel or reschedule by clicking the links

This message is to confirm that Test Test is scheduled for a vaccination appointment at:

Venue/Location: Placer County Health Department Shots Clinic

Address: 11475 C Avenue

Date: 12/29/2020

Test Test

Time: 11:00 am

Appointment: [Reschedule](#) | [Cancel](#)

If you have any technical difficulties with scheduling this appointment, just email us at techsupport@vaccineconsent.com

We look forward to seeing you!

Your Vaccination Provider