

Find My Vaccine – Instructions to Providers

UPDATED: 27 OCTOBER 2021

Instructions for adding a new vaccination site

1. General notes

Provider and site naming convention: The provider name is unique to a given provider (e.g., Walgreens), but the site name does not have to be unique. It is the combination of a provider name and a site name that will be unique. For example, Walgreens on Larpenteur avenue in Roseville could say: Provider name = Walgreens; Site name = Roseville. “Walgreens Roseville” is Unique. There could also be a “CVS (provider) Roseville (site)”, which would also be a unique combination of Provider name and Site name, while both site names will be “Roseville”.

Whenever possible (e.g., when there is only one vaccination site in a given city from a given provider), we recommend using the city name as the Site name. This will avoid excessive number of unique Site ID’s in our database.


2. Specific instructions

1. Open the form by clicking on the following link:

https://mngov.formstack.com/forms/covid_testing_sites

2. Enter in the contact information for the site (Box 1). This information is only used for internal purposes if we have any questions or need clarification regarding the site, and hence does not appear on the public-facing page.
3. Select Vaccination and Adding (Box 1). Even if your organization already has a Covid-19 vaccination site registered, a separate form need to be filled this is a separate listing and you must choose adding.

Box 1. Vaccination site Contact information



State of Minnesota COVID-19 Testing and Vaccination Sites

Minnesota is committed to providing access to quality healthcare to those who may be experiencing COVID-19 symptoms or are looking for a vaccination for COVID-19. If you are a healthcare provider that is providing testing for COVID-19 or on-site vaccinations, please fill out this form to be added to the Minnesota COVID-19 testing and vaccinations map.

First name	Last name
<input type="text"/>	<input type="text"/>
Phone	Email*
<input type="text"/>	<input type="text"/>

Are you submitting a vaccination or testing site?*

Vaccination
 Testing

Are you adding, modifying, or removing a site?*

Adding
 Modifying
 Removing

4. Enter in your Health System and Site Name (Box 2). As aforementioned, to limit the number of different site names that we have in our database, we ask that you choose the name of the city where the site is located as the Site Name. The combination of the Provider Name and Site Name will be unique. If there are multiple sites from the same provider in the same city, additional information (e.g., street name) can also be added (e.g., Minneapolis – Lake St). Please be specific and avoid using “vaccination” or other generic terms. Box 3 shows an example of what the public-facing interface looks like for a specific provider (Winona Health Services in this example).

Box 2. Provider and Site information

Add new site

Health system *

Testing or Vaccination Site Name *

Address

City

State

Zip Code

County

Phone

Format: 999-555-1212

Your website for COVID testing or vaccination information

Please enter one (1) website link (URL) that patients can get more detailed information about your COVID-19 testing

Box 3. Example of a vaccination site name and provider name

Winona Health Services

Winona

[Directions](#)

Winona, MN 55987

[\(507\) 454-3650](tel:(507)454-3650)

www.winonahealth.org

Distance: 1.48 miles

Hours of Operation

- **Weekdays:** 8:00am – 7:00pm
- **Weekends:** 8:00am – 7:00pm
- varies week to week - visit our website for more information about upcoming hours and to sign up for our waitlist!

Requirements

- Appointment
- No appointment necessary

Accepting

- Indoor vaccination
- Minnesotans ages 12+; parental consent needed for ages 12-17

5. Enter the vaccination site's address in the space provided (Box 2). The address will not be published on the site but we use the addresses internally to map the vaccine locations.
6. Enter a phone number and/or a website URL so that users can obtain more information regarding a vaccination site. We encourage providers to provide both.
7. Enter the hours of operation for every day of the week. When closed, please select "Closed" for both Start and End of any given day (example in Box 4 below).
8. Use the additional information space (Box 4) to provide additional information such as holiday hours or otherwise. Note that there is a 500 characters limit.

Box 4. Hours of operation and additional information sections

Site hours of operation

Select the time ranges (open and closed) for each day. If the testing location is closed, please select "closed" from the drop-down list. If you have additional instructions (e.g. closed on certain holidays or other unique details), please include that in the open text field that follows.

Mondays (start)

Mondays (end)

Tuesdays (start)

Tuesdays (end)

Wednesdays (start)

Wednesdays (end)

Thursdays (start)

Thursdays (end)

Fridays (start)

Fridays (end)

Saturdays (start)

Saturdays (end)

Sundays (start)

Sundays (end)

Additional information about hours of operation (holidays, special exceptions, etc.)

- Under site details (Box 5) make sure that the "COVID-19 Vaccine" box is checked, and any additional site services if specific vaccines are offered (e.g., booster). Look at the site requirements column and check all that apply. Most providers check the appointment box (when applicable) and as Site Options choose either indoor vaccination, drive-thru vaccination, or both. Please choose what works for your site.

Note that the other details listed are used for our testing sites only. Make sure to review all information and check only what applies to Covid-19 vaccination at your site.

Box 5. Testing or Vaccination site details

Testing or vaccination site details

Site services (check all that apply)

- Nasal Swab (antigen, rapid result)
- Nasal Swab (molecular, rapid result)
- Nasal Swab (PCR)
- Nasal Swab (PCR, rapid result)
- Saliva (PCR)
- Oral Rinse (PCR)
- Oral Swab (PCR)
- Johnson & Johnson (age 18+)
- Moderna (age 18+)
- Pfizer (age 12+)
- COVID-19 Vaccine
- Booster Doses

Site requirements (check all that apply)

- Appointment
- No appointment necessary
- Pre-screening
- Pre-registration
- Physician Referral
- Visit with a clinician
- Insurance
- Other

Site options (check all that apply)

- Indoor vaccination
- Drive-thru vaccination
- Indoor testing
- Drive-thru testing
- Symptomatic adults
- Symptomatic pediatrics (ages 0-2)
- Symptomatic pediatrics (ages 2-18)
- Asymptomatic adults
- Asymptomatic pediatrics (ages 0-2)
- Asymptomatic pediatrics (ages 2-18)
- Other asymptomatic patients

Vaccination Categories

- Minnesotans ages 12+; parental consent needed for ages 12-17
- Minnesotans ages 5-11; parental consent needed for ages 5-11
- Minnesotans ages 18+

10. Hit the Submit button!

11. You will receive a message when we have approved the form. If for some reason the submission is denied (e.g., incomplete information or duplicated records) you will receive a message with the reason for denial. We may also contact you prior to denying a form to obtain more information.

Instructions for modifying the information for an existing site (e.g., hours)


1. Specific instructions

1. Open the form by clicking on the following link:

https://mngov.formstack.com/forms/covid_testing_sites

2. Enter in the contact information for the site (Box 6). This information is only used for internal purposes if we have any questions or need clarification regarding the site, and hence does not appear on the public-facing page.
3. Choose vaccination and modifying (Box 6).

Box 6. Site information for modifying a site



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First name	Last name
<input type="text"/>	<input type="text"/>
Phone	Email*
<input type="text"/>	<input type="text"/>

Are you submitting a vaccination or testing site?*

Vaccination
 Testing

Are you adding, modifying, or removing a site?*

Adding
 Modifying
 Removing

4. Choose your provider name and site name from the drop-down menus (Box 7).

5. If you wish to change your site name you can check that option and a box will appear for writing the new name (Box 7). Site names need to be unique to each site within a health system, but Site names do not have to be unique throughout the system. WE recommend using the name of the city where the vaccination site is as a Site name. When there are multiple sites within in the same Health System and city, additional details can be added (e.g., “Minneapolis – Lake St”).

Box 7. Selecting Health system and Site name

Modify a site

Please enter information into the boxes below to MODIFY past entries. NOTE: Text entered will replace the information currently on file. Unsure about the visibility status of your testing or vaccination site? Unsure about the status of your site, [check the status here](#).

Health system* Testing or Vaccination Site Name*

Walgreens Forest Lake

Site name modification

I need to modify the name of an existing Testing or Vaccination Site name
(Please first select from the drop down list the Testing or Vaccination Site name you wish to modify)

Change the above Testing or Vaccination Site name to:

6. We now have an option to make a site active or inactive on the public-facing Find My Vaccine application. If you would like to hide a site from the public-facing map for a period of time, you can simply select “inactive” (Box 8).

Box 8. Changing status of a site

Site visibility on the map

I need to change the active status of my site
(Changing its active status toggles your site's visibility on the map)

Change the active status of your site

Active
 Inactive

7. If changes need to be made to the site address, phone number, or website URL they can be made in the section below (Box 9). Please leave the section blank if no updates are needed.

Box 9. Changes to the site address, phone number, or website		
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
County		
<input type="text"/>		
Phone	Your website for COVID testing or vaccination information	
<input type="text" value="999-555-1212"/>	<input type="text" value="https://www.yourhealthwebsite.com"/>	
<small>Format: 999-555-1212</small>	<small>Please enter one (1) website link (URL) that patients can get more detailed information about your COVID-19 testing</small>	
<input type="checkbox"/> Remove listed phone number	<input type="checkbox"/> Remove listed website	

- If you need to update a site’s hours, do so with the drop-down boxes and ensure that each day contains either some hours, or “closed” for the start and end of a day (Box 4 above). Please leave blank if the hours have not changed.
- We have added new categories for vaccines (Box 5 above). This area of the form will be continuously updated as new groups become eligible for a Covid-19 vaccine. Please make sure that you select the relevant age group-vaccine type information for what your specific site can provide. Individuals seeking a vaccine will be able to search the site using these categories.
- Hit the Submit button!

Deletion of an existing site

1. Specific instructions


- Open the form by clicking on the following link:

https://mngov.formstack.com/forms/covid_testing_sites

- Enter in the contact information for the site (Box 10). This information is only used for internal purposes if we have any questions or need clarification regarding the site, and hence does not appear on the public-facing page.

3. Select Vaccination and Removing (Box 10).

Box 11. Entering site information for removing a site



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First name

Last name

Phone

Email *

Are you submitting a vaccination or testing site? *

Vaccination
 Testing

Are you adding, modifying, or removing a site? *

Adding
 Modifying
 Removing

4. Select the relevant Health System and Site name for the site that needs to be removed (Box 12).

5. Click the Submit button.

Box 12. Selecting health system and site name

Remove a site

Health system *

Testing or Vaccination Site Name *