Registering for a Vaccine in
PrepMod

You will be provided an email with a link to register for your vaccine. For people who do not have an email, their supervisor (or a medical advocate) can assist them with registering for the vaccine clinic.

The following pages will have screen shots of each screen of the registration form. A couple of key pointers:

- Without an email address you will be disqualified from receiving your vaccination record or future notifications.
- There is no cost for the vaccine so select "No Insurance" on the Health Insurance screen.
- Once you've completed all the fields (the asterisks fields are required), click the "Save and Continue" button at the bottom of the screen.
- On the "Consent for Services" page make sure you click the box next to the vaccine.
- On the "Consent for Services" page you'll need to sign the signature box at the bottom with a mouse, or if you have a touch screen you can use your finger.
- The "Review" page allows you to review your information for accuracy.
- The final step is to select an appointment time for your vaccine.
- Once you've completed the process, if you've entered an email, you will receive a confirmation email of the registration process.

Registering for a Vaccine in PrepMod

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

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 *
> Mickey

Middle Initial

Last Name *
> Mouse

Mother's Maiden Name

Race *
> White

Ethnicity *
> Not Hispanic or Lati

Occupation *
> Education (e.g., Teac

Date Of Birth *
> November   18   1928

Age
> 92

Gender *
> Male

Email Address
> mickey.mouse@disney.com

Providing no email will disqualify you from receiving your vaccination record or future notifications.

Retype Email Address
> mickey.mouse@disney.com

Providing no email will disqualify you from receiving your vaccination record or future notifications.

Primary Phone Number *
> 540-555-1234

Phone Number Type
> Mobile

Address *
> 1375 E. Buena Vista Dr

City *
> Orlando

State *
> Florida

Zip Code *
> 32836

Save and Continue →

"Back" and "Save and Continue" buttons help you move through the registration form

Registering for a Vaccine in PrepMod

① ② ③ ④ ⑤ ⑥ ⑦

PERSONAL INFORMATION   HEALTH INSURANCE   HEALTH QUESTIONS   ADD FAMILY   CONSENT FOR SERVICES   REVIEW   APPOINTMENT

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

Medical Assistance Number, Recipient Number, or any other number on card

Policy Holder First Name

Policy Holder Last Name

Policy Holder Date of Birth

Month   Day   Year

Policy Holder Relation to Client

Select

Upload the FRONT of your insurance card

Choose File   No file chosen

or drag and drop

Upload the BACK of your insurance card

Choose File   No file chosen

or drag and drop

Back   Save and Continue →

Registering for a Vaccine in PrepMod

(1) ——— (2) ——— (3) ——— (4) ——— (5) ——— (6) ——— (7)

PERSONAL INFORMATION   HEALTH INSURANCE   **HEALTH QUESTIONS**   ADD FAMILY   CONSENT FOR SERVICES   REVIEW   APPOINTMENT

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

Click here to review the Moderna COVID-19 Fact Sheet: 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

Are you feeling sick today? *
○ Yes   ◉ No   ○ I don't know

Have you ever had an allergic reaction to a previous dose of COVID-19 vaccine? *
○ Yes   ◉ No   ○ I don't know

Have you received any vaccine in the last 14 days? *
○ Yes   ◉ No   ○ I don't know

Have you received passive antibody therapy as treatment for COVID-19? *
○ Yes   ◉ No   ○ I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *
○ Yes   ◉ No   ○ I don't know

Are you breastfeeding? *
○ Yes   ◉ No   ○ I don't know

Have you ever had an allergic reaction to polysorbate? *
○ Yes   ◉ No   ○ I don't know

Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? *
○ Yes   ◉ No   ○ I don't know

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which: you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? *
○ Yes   ◉ No   ○ I don't know

Have you ever had a positive COVID-19 test or has a doctor ever told you that you had COVID-19? *
○ Yes   ◉ No   ○ I don't know

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take a medicine that affects your immune system? *
○ Yes   ◉ No   ○ I don't know

Are you pregnant or do you plan to become pregnant? *
○ Yes   ◉ No   ○ I don't know

Have you ever had an allergic reaction to a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? *
○ Yes   ◉ No   ○ I don't know

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.

Back   **Save and Continue**

Be sure to click the box next to the vaccine.

Registering for a Vaccine in PrepMod

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

Please select the desired vaccine for each patient

Vaccines for: Mickey Mouse *

☑ 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

CONSENT FOR VACCINATION(S) – YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

I hereby authorize the administration of the COVID-19 to myself or to the person named below for whom I am the legal representative. I have read or have had explained to me the 2020-21 Vaccine Information Statement or Emergency Use Authorization Fact Sheet for the COVID-19 vaccine and understand the risks and benefits. I have had the opportunity to ask questions about this immunization. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative. I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payor. I request the third party payer to pay any authorized benefits to VDH on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it.

Notice of Deemed Consent for HIV, Hepatitis B or C Testing
VDH is required by § 32.1-45.1 of the Code of Virginia (1950), as amended, to give you the following notice:
(1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed.
(2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the tests.

SIGN MY NAME	TYPE MY FULL NAME

Use your mouse, or if you have a touch screen, your finger, to sign the from

Please sign your name here with your finger or a mouse

Clear

Date
01/29/2021

Relationship to Patient *
Self

First Name *
Mickey

Last Name *
Mouse

Back   Save and Continue →

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Registering for a Vaccine in PrepMod

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

Please select a time for your appointment

Select an available time slot for your vaccine

Time	Appointments Available
◯ 02:00 pm	No appointments available
◯ 02:06 pm	No appointments available
◯ 02:12 pm	No appointments available
◯ 02:18 pm	No appointments available
◯ 02:24 pm	7 appointments available
◯ 02:30 pm	No appointments available
◯ 02:36 pm	9 appointments available
◯ 02:42 pm	10 appointments available
◯ 02:48 pm	10 appointments available
◯ 02:54 pm	10 appointments available
◯ 03:00 pm	6 appointments available
◯ 03:06 pm	10 appointments available
◯ 03:12 pm	10 appointments available
◯ 03:18 pm	10 appointments available

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Once you've selected your appointed, click "Save and Continue"
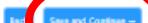
Registering for a Vaccine in PrepMod

WARNING: This email was sent from outside of your organization.

Mickey Mouse
This message is to confirm that Mickey Mouse is scheduled for a vaccination appointment at: **Venue/Location:** Magic Kingdom Vaccination Clinic (Initial Dose Jan6) - Dose #1
Address: 1180 Seaven Seas Dr, Lake Buena Vista, FL, 32836
Date: 02/03/2021

Time: 02:00 pm
Appointment: **Reschedule** | **Cancel**

We look forward to seeing you!
Your Vaccination Provider

Thank you for registering for your vaccine