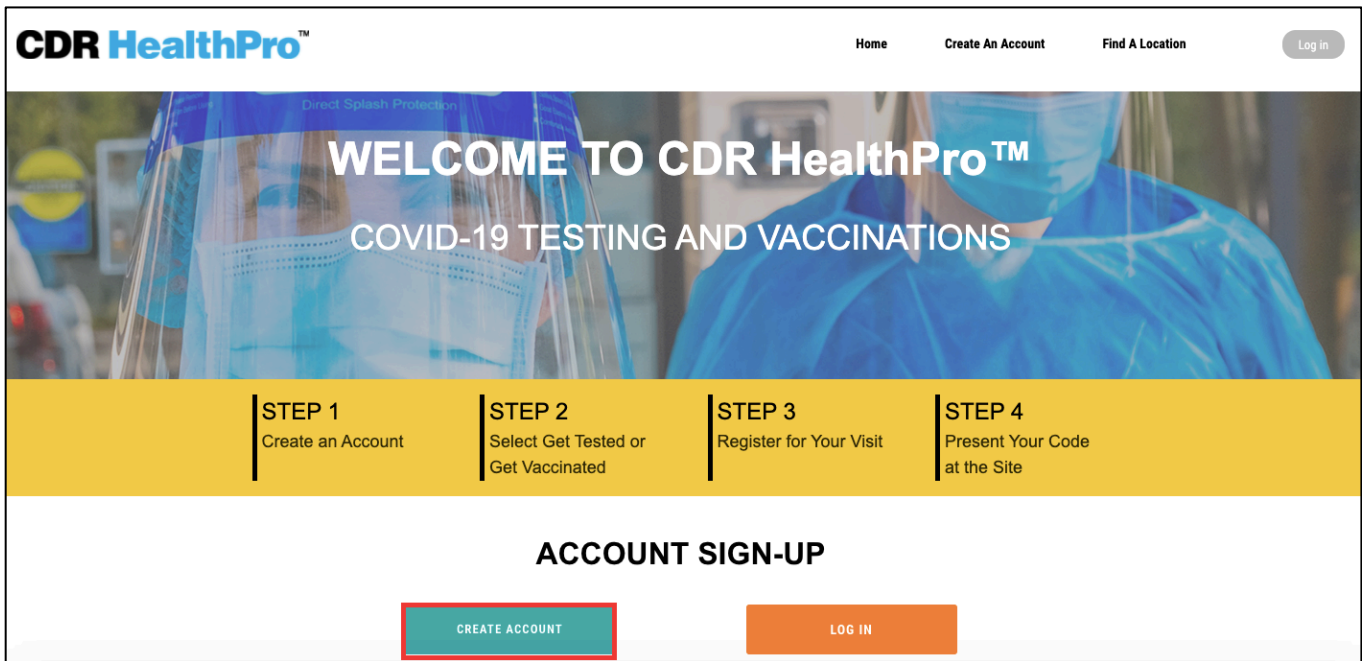


**CREATE AN ACCOUNT & SCHEDULE AN
APPOINTMENT INSTRUCTIONS**

Step 1: Visit www.Patientportalfl.com

Step 2: Click “Create an Account”



Step 3: Complete the Registration Form to Create your Account.

- a. Enter the First Name, Last Name, Date of Birth, Phone, Email, Password, Gender, Race, Ethnicity, indicate if you live in a house with 2 or more people, Occupation, How did you hear about us, Indicate if your qualified as disable and if you are considered medically vulnerable.
- b. For the Insurance related fields, you can **“Decline to Answer”** or select from the drop-down options.
(Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)

Basic Info

Do you need to register any minors or wards today?After completing your registration below, you will register them

Yes

***First Name**

Patient

***Last Name**

Ztest1

***Date of Birth**

02/08/1945

***Phone (for calls)**

555555555

This is an International Phone Number

Opt in to SMS(Text) notifications

Mobile Same As Phone

Mobile (for SMS)

Instructions

****If using the same email address to create multiple accounts, please make sure the username is unique to each account**

Opt in to email notifications

***Email**
testingsalesforceuat+120@gmail.com

***Confirm Email**
testingsalesforceuat+120@gmail.com

I don't have an Email

***Username**
testingsalesforceuat+120@gmail.com

***Create Password**
.....

***Confirm Password**
.....

Next

FAST, ACCURATE, CONVENIENT.

Basic Info Home Address Demographics Insurance Information Acknowledgements

Home Address
Search for your Home Address (Enter Zip Code if there are no results for your Street Address)

Country
United States

Street (include Apt/Suite after street, if necessary)
123 ocean drive

City
Miami

State
Florida

Postal Code
33155

Previous **Next**

Instructions

Gender
Female

Race
Asian/Pacific Islander

Ethnicity
Non-Hispanic

Do you live in a house with 2 or more people?
Select One
 Decline to answer

Occupation
Healthcare Worker
 Decline to answer

How did you hear about us?
Community Registration Event
 Decline to answer

Are you qualified as Disabled and if so, please select your disability category below.
Not Disabled
 Decline to answer

Are you considered medically vulnerable to COVID-19 and HAVE A SIGNED EO-21-47 (by a licensed medical provider) indicating so? Only say Yes to this question if you HAVE A SIGNED EO-21-47 form otherwise say No.
No
 Decline to answer

Previous Next

Insurance Information

If you are being vaccinated at a State run or supported site, the State of Florida is attempting to collect and bill insurance, where available, to help cover the cost of vaccination statewide and to meet its requirements for FEMA reimbursement. At no time will you be billed any out-of-pocket expenses for copays, deductibles, or any difference in the cost of what the insurance pays.

Decline to answer

Primary Billing Insurance

Select One

Primary Insurance Search

Search Here

Primary Insurance Carrier

Select One

My Insurance Carrier is not listed

Policy ID No.

Group No.

Insurance Guarantor

Previous

Next

- c. **Acknowledge the Consents** by selecting the boxes.
- Click on **Sign Up** to complete your Registration Account.

FAST, ACCURATE, CONVENIENT.

Basic Info Home Address Demographics Insurance Information Acknowledgements

Acknowledgements

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

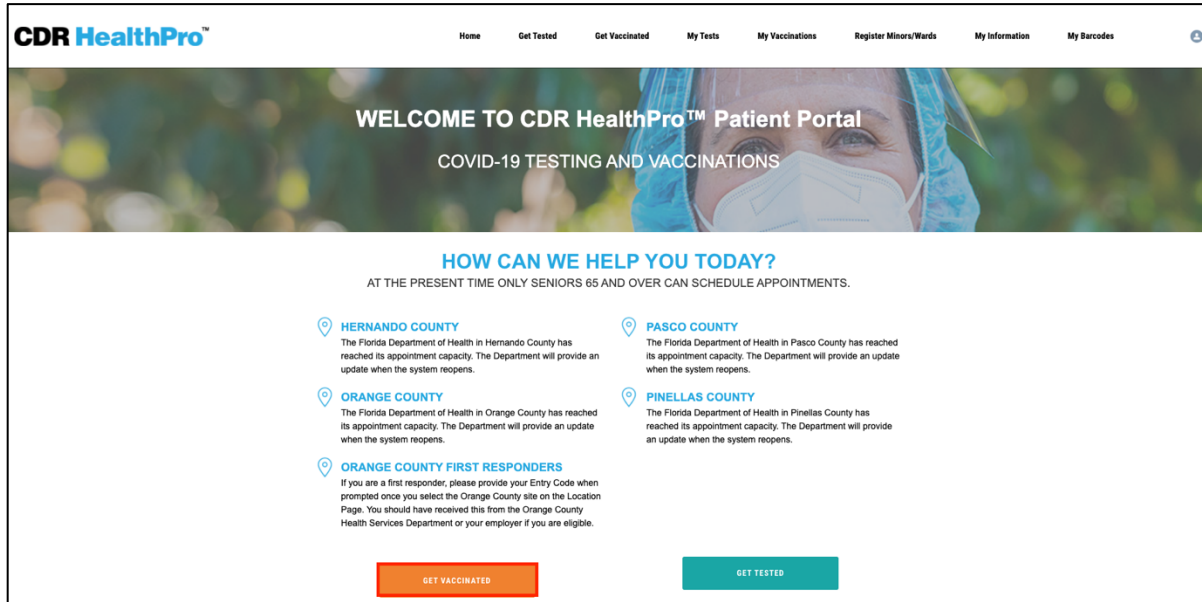
- * I am 18 years of age or older.
- * I have read and understood the information provided.
- * I have read and understand and will abide by the [CDR Maguire Terms and Conditions](#), [Privacy Policy](#), and [HIPAA Privacy Notice](#). I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.
- * I have read and understand my waiver of liability on the [Ordering Provider](#).
- I agree to and provide [Authorization for Use of PHI](#).
- I provide my [Consent](#) for CDR to Contact.

[Sign Up](#)

[Previous](#)

Step 4: After creating your account, the system will automatically open to the Home Page of the **Patient Portal**

- a. Click “Get Vaccinated”



- b. Do you have an **Entry Code: Select Yes or No**

- i. If Yes, enter the Entry code provided or the site’s Walkup code

A screenshot of a form titled "Do you have an Entry Code?". It features two radio buttons, "No" and "Yes", with "Yes" selected. Below the buttons is a text input field with the label "Please input your entry code" and the text "PCTESTING" entered. A "Next" button is located at the bottom right of the form.

Instructions

- c. If you don't have a code, please select **your preferred County** from drop down list
 - i. **Only Counties with available appointments will appear in the drop-down list**
 - ii. **“No Appointments available at this time”** message will appear if there are no appointments available in any County

The screenshot shows a web form with the title "Do you have an Entry Code?". Below the title are two buttons: "No" (highlighted in blue) and "Yes". Below the buttons is a dropdown menu labeled "Please Select a County". The dropdown menu is open, showing a list of counties: "Hernando" (highlighted in blue), "Orange", "Pasco", and "Pinellas".

The screenshot shows a web form with the title "Do you have an Entry Code?". Below the title are two buttons: "No" (highlighted in blue) and "Yes". Below the buttons is a message box with a red border containing the text: "There are no more appointments available at this time."

Step 5: Answer the **Get Vaccinated** question

a. If answer is **No**, continue to the liability questions

Get Vaccinated

*Have you previously received an initial dose of COVID19 vaccination?

No
 Yes

Next

b. If answer is **Yes**, enter the information regarding the 1st vaccine (**Use CDC Vaccination Card**)

Get Vaccinated

*Have you previously received an initial dose of COVID19 vaccination?
Yes

*Vaccine Manufacturer
 Pfizer
 Moderna

*Lot Number
011L20A


*Date of Vaccination ⓘ
Feb 2, 2021

Please bring your CDC vaccination card with you to your vaccination appointment.

Next

Step 6: Complete the COVID-19 Vaccine Liability Release Waiver.

- d. Select the box if **the form was completed by someone other than the patient and consents were obtained verbally**

 COVID-19 Consent and Liability Release

By signing this COVID-19 Consent and Liability Release, or by confirming verbally your consent if registering in person at a vaccination site, you agree and attest to the following:

- I certify that all the information I provided to CDR Health, including my medical history, is accurate and correct.
- I certify that I am: (a) the patient and at least 18 years of age; (b) the parent or legal guardian of the patient and confirm that the patient is at least 16 years of age; or (c) authorized to consent for vaccination for the patient named above. Further, I hereby give my consent to CDR Health, CDR Maguire, and the Florida Department of Health (DOH) or its agents to administer the COVID-19 vaccine.
- I understand that this product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease (COVID-19) for use in individuals 16 years of age and older for Pfizer and 18 years of age and older for Moderna; and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.
- I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine have been received, read and/or had explained to me on the EUA Fact Sheet on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
- I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.


- I understand that I may be assigned an authorized provider for the purpose of receiving this vaccination and I acknowledge and understand that any authorized provider assigned to me for such purposes and listed as an authorized provider, will serve the sole and limited purpose of authorizing the administration of your COVID-19 vaccine and that such authorized provider is not my physician or healthcare professional for any other purpose and is not required to and shall not provide me with any healthcare services or provide any follow up care. I further agree to indemnify and hold harmless the authorizing provider from any and all claims whether known or unknown arising out of the administration of the COVID-19 vaccine.

- Signature of Patient or Authorized Representative:

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.



This form was completed by someone other than the patient and consents were obtained verbally. If so, please write your name in the signature box below.

Sign Here




Instructions

Step 7: Complete the **Past Medical History, Family Medical History, and Relevant Medical History** questionnaires.

 Past Medical History	 Family Medical History
<p>Check those questions to which you answer yes (leave the others blank). Have you ever had or do you have any of the following health problems?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding tendency <input type="checkbox"/> Blood clots <input type="checkbox"/> Breast disease <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Dental disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Environmental allergies <input type="checkbox"/> GI <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hepatitis 	<p>Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Bleeding or clotting abnormality <input type="checkbox"/> Breast disease <input type="checkbox"/> Cancer <input type="checkbox"/> Connective tissue disorder <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure

- a. If you have a history of severe allergic reactions to components of the vaccines or other injectable medications, had antibody therapy within the last 90 days, had other vaccines in the last 14 days, you will not be able to schedule a COVID-19 vaccine appointment.

 **Relevant Medical History**

*Do you have a history of severe allergic reactions (i.e. anaphylaxis) to the COVID-19 Vaccine or any component (e.g. polyethylene glycol [PEG]) of the COVID-19 Vaccine? ⓘ

*Have you had any COVID-19 Antibody therapy within the last 90 days (e.g. Regeneron, Bamlanivimab, COVID Convalescent Plasma, etc.)? ⓘ

*Do you have a history of severe allergic reactions (i.e. anaphylaxis) to other vaccines or other injectable medication (not including the COVID-19 vaccine)? ⓘ

*Have you had any other vaccinations in the last 14 days (e.g. flu vaccine, etc.)? ⓘ

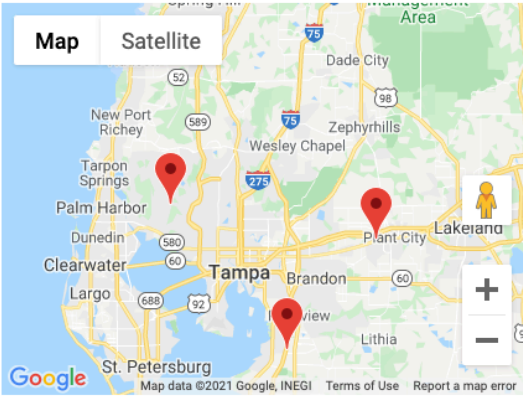
*Do you have any allergic reactions not related to vaccines or other injectable therapies, such as food, pet, venom, environmental allergies, or allergies to oral medications? ⓘ

Step 8: Select the preferred location from the list of vaccination sites

Please select your preferred location below.

NOTE: Choose a location from the list below to view the hours of operation

[< Previous](#)



Choose A Location That is Best For You (3)

List of all Vaccination Sites

[< Previous](#)

Step 9: Select Date and Time for 1st Appointment

- a. The date and time of the **2nd** appointment will be provided

The screenshot shows a web interface for selecting an appointment date and time. At the top right is a blue button labeled "Change Location". Below it is the heading "Select Date". A dropdown menu is open, showing "February 22, 2021" with a downward arrow. Below the date selection is a grid of time slots in rounded rectangular buttons. The slots are arranged in five rows: Row 1: 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM, 10:00 AM; Row 2: 10:15 AM, 10:30 AM, 10:45 AM, 11:00 AM, 11:15 AM; Row 3: 11:30 AM, 11:45 AM, 1:00 PM, 1:15 PM, 1:30 PM; Row 4: 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, 2:45 PM; Row 5: 3:00 PM, 3:15 PM, 3:30 PM, 3:45 PM.

Step 10: Confirm the details of the 1st and 2nd appointment

Vaccine #1
February 19, 2021
10:00 AM - 3:00 PM

Vaccine #2
March 19, 2021
10:00 AM - 3:00 PM

Vaccination Site
Address to the site

CancelConfirm Selection

Instructions

Step 11: Once the appointments are selected a **confirmation screen will appear. Print, or screen shot, the QR code** for the first vaccination appointment and present the QR code at check-in during your appointment time slot.

Thank you for scheduling your COVID-19 Vaccination Appointment. Please print this page, or take a screenshot, and show the QR code below during your scheduled appointment time at the vaccination site.

You will need this QR code to check-in at the site.

Please remember to bring your Florida Driver's License or Utility Bill for verification.

Appointment #1



CDR0123456789

Patient's Name

PID: PID-00028869

February 19, 2021 10:00AM - 3:00PM

Vaccination Site

Address to vaccination site

Step 12: Registration is Complete.