CREATE AN ACCOUNT & SCHEDULE AN APPOINTMENT INSTRUCTIONS

Step 1: Visit [www.Patientportalfl.com](http://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.)*

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**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)
**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

### FAST, ACCURATE, CONVENIENT.

**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

For additional assistance, please contact covid19support@cdrmhealth.com
<table>
<thead>
<tr>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Race</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<tr>
<td>Ethnicity</td>
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<td>Non-Hispanic</td>
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<tr>
<td>Do you live in a house with 2 or more people?</td>
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<tr>
<td>Select One</td>
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<tr>
<td>☑ Decline to answer</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
<tr>
<td>Healthcare Worker</td>
</tr>
<tr>
<td>☐ Decline to answer</td>
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<tr>
<td>How did you hear about us?</td>
</tr>
<tr>
<td>Community Registration Event</td>
</tr>
<tr>
<td>☐ Decline to answer</td>
</tr>
<tr>
<td>Are you qualified as Disabled and if so, please select your disability category below.</td>
</tr>
<tr>
<td>Not Disabled</td>
</tr>
<tr>
<td>☐ Decline to answer</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>☐ Decline to answer</td>
</tr>
</tbody>
</table>

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Instructions

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

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

   ![Acknowledgements](image)

   **FAST, ACCURATE, CONVENIENT.**

   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]
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

For additional assistance, please contact covid19support@cdrmhealth.com
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 they are no appointments available in any County

For additional assistance, please contact covid19support@cdrmhealth.com
**Step 5:** Answer the **Get Vaccinated** question

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

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

For additional assistance, please contact covid19support@cdrmhealth.com
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 8-1-1 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

[Signature]

Clear

Next

For additional assistance, please contact covid19support@cdrmhealth.com
Step 7: Complete the Past Medical History, Family Medical History, and Relevant Medical History questionnaires.

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.

For additional assistance, please contact covid19support@cdrmhealth.com
Step 8: Select the preferred location from the list of vaccination sites

**Instructions**

Please select your preferred location below.

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

Choose A Location That Is Best For You (3)

List of all Vaccination Sites

For additional assistance, please contact covid19support@cdrmhealth.com
Step 9: **Select Date and Time** for 1st Appointment

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

For additional assistance, please contact covid19support@cdrmhealth.com
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

QR Code Image

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.