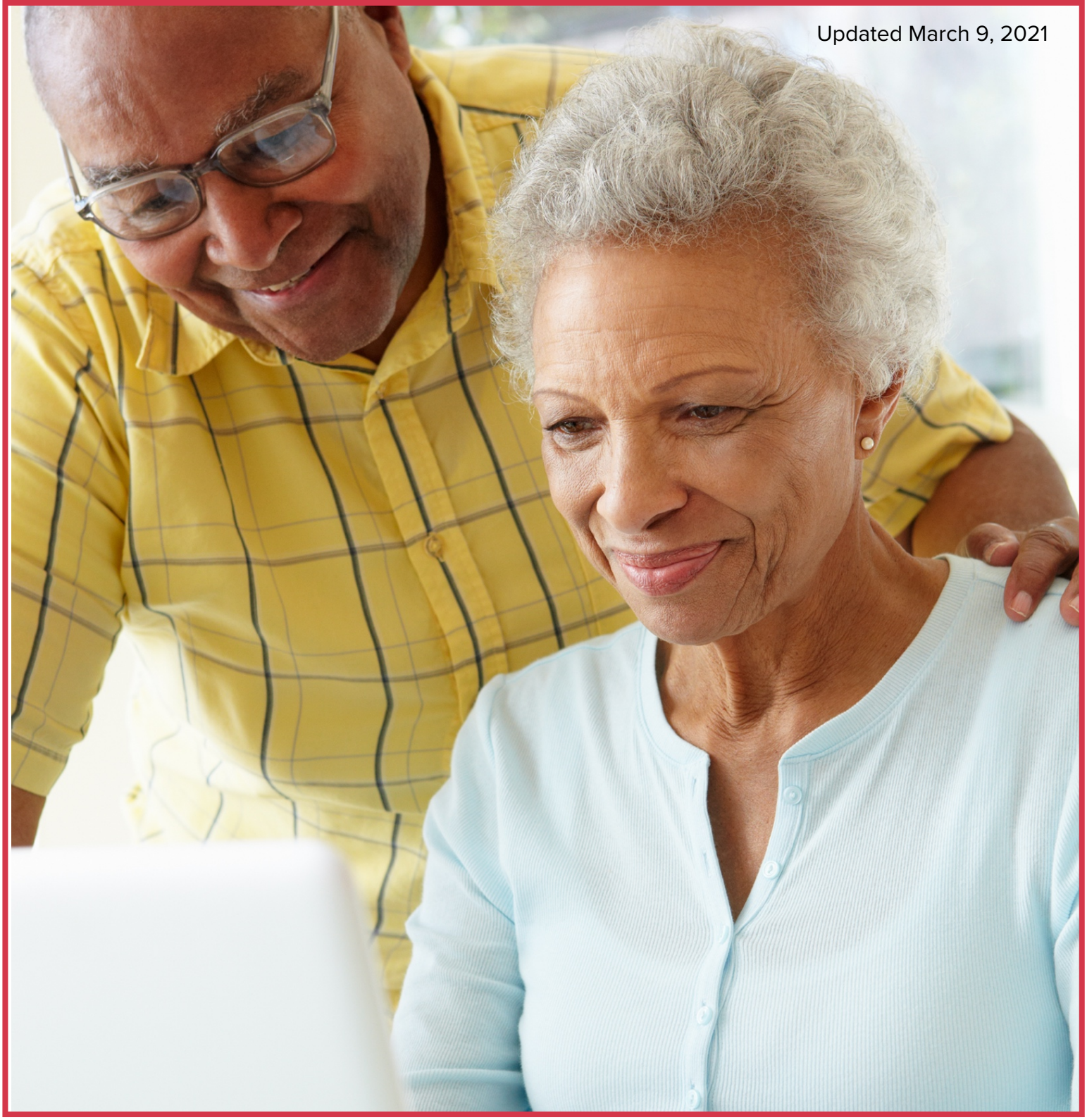
COVID-19 Vaccination Pre-Registration Guide

Updated March 9, 2021



vaccinate.dc.gov
v.03/09/2021

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COVID-19 Vaccination Pre-Registration Guide

The District of Columbia Department of Health (DC Health) continues to make progress with our COVID-19 vaccine distribution planning. We are working with the federal government and local partners within the District to plan for the distribution of the COVID-19 vaccine as doses become available.

To receive the vaccine, you must pre-register for an appointment.

Please use this guide to help you through the process of pre-registering for an appointment online.

Before You Start:

Please review and gather the information needed to complete your pre-registration.

Demographic details
Such as race, ethnicity, gender, age

Medical history
Current/past ailments and allergy information

COVID-19 history
History of any COVID-19 infections, testing or vaccinations

Contact information
Your contact details

If you are unable to access the online vaccine portal or do not have internet access, please call the District's call center at **855-363-0333** for assistance with vaccine registration.

How to pre-register for a vaccination appointment online

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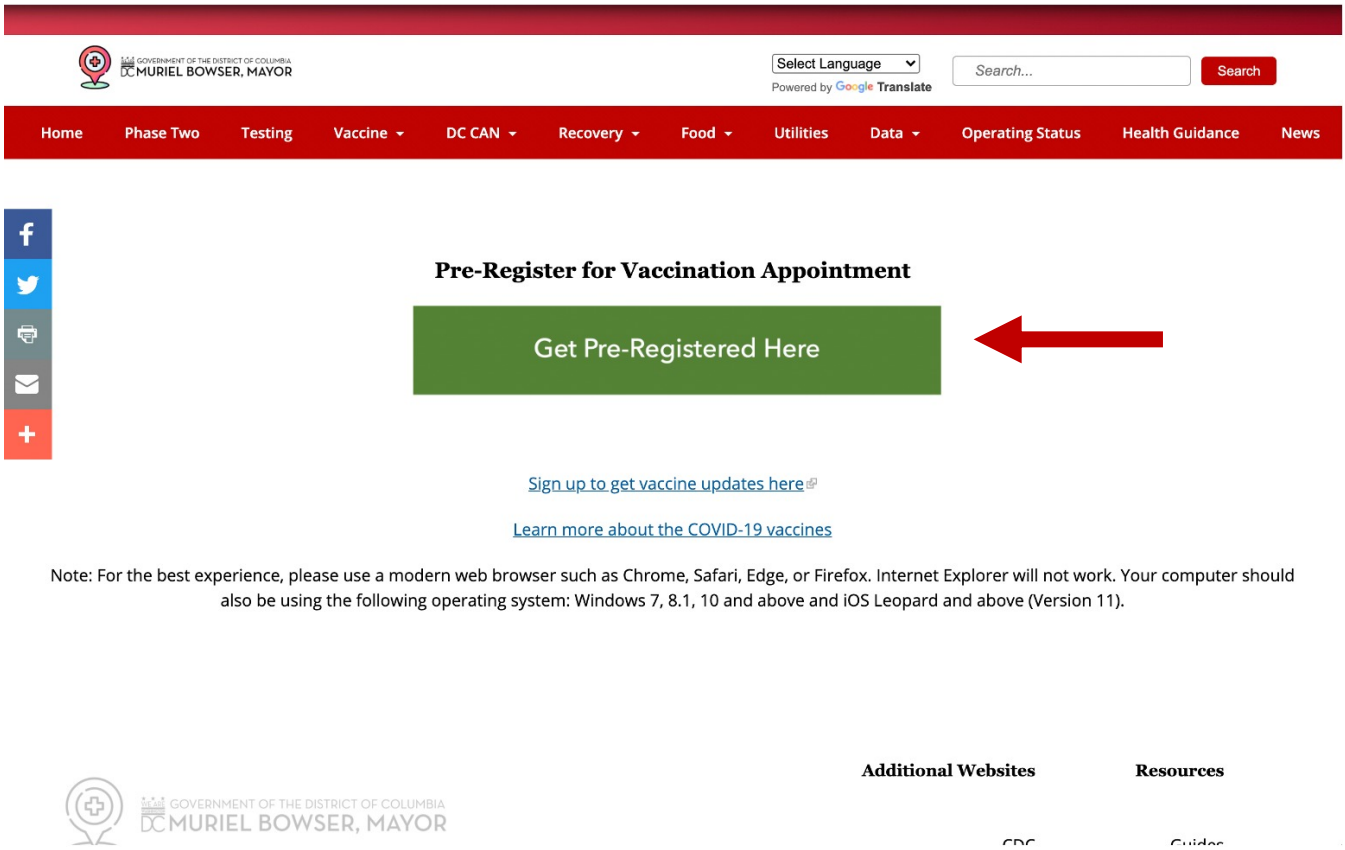
1. From **vaccinate.dc.gov**, click the green **"Get Pre-Registered Here"** button to start

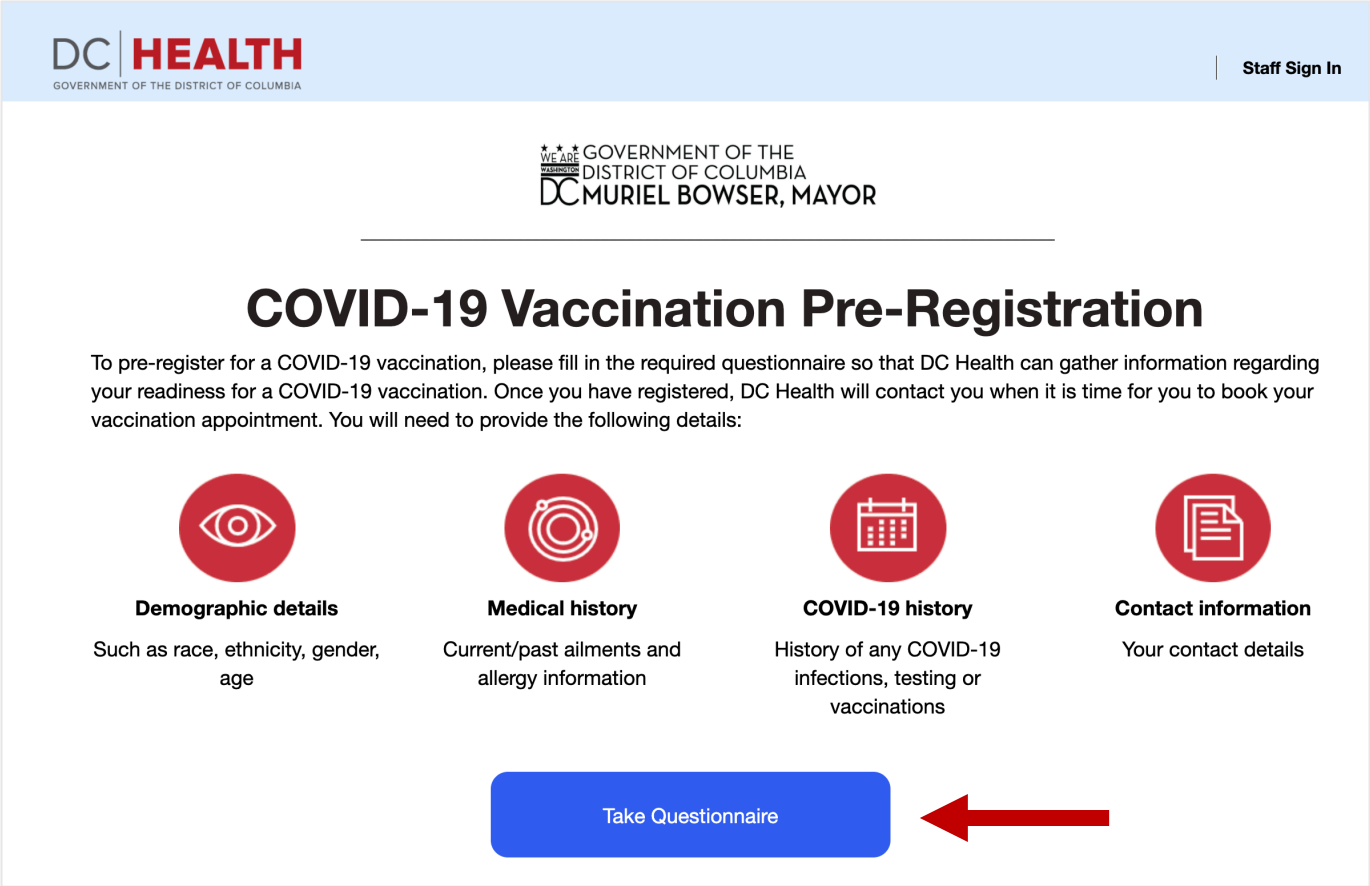


Note: For the best experience, please use a modern web browser such as **Chrome, Safari, Edge, or Firefox**. Internet Explorer will not work.

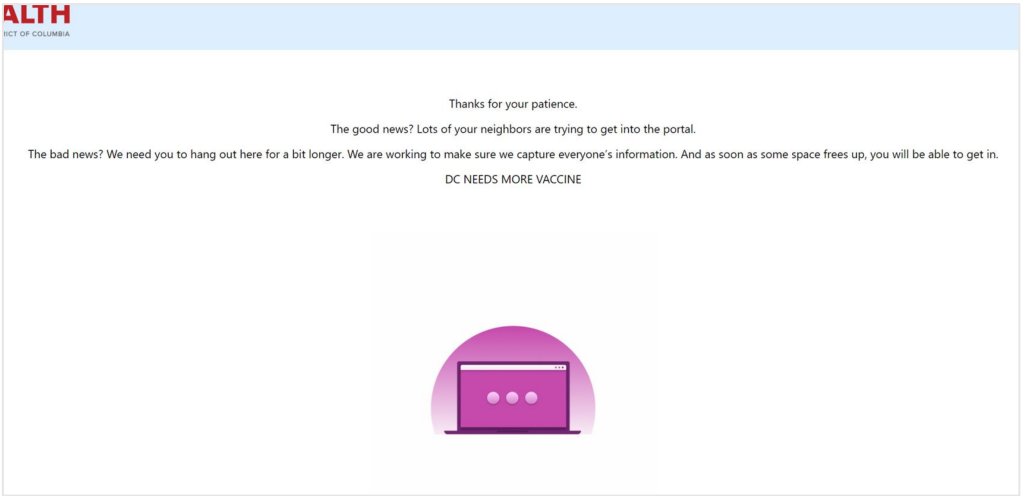
Your computer should also be using the following operating system: Windows 7, 8.1, 10 and later and iOS Leopard and later (Version 11).

2. You are now in the **COVID-19 Vaccination Pre-Registration Portal**.

When you are ready, click **Take Questionnaire**.



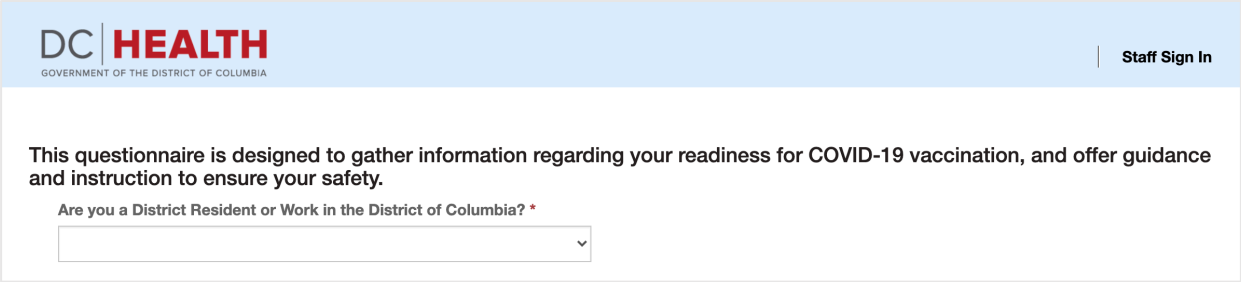
In some cases, if there are too many people trying to pre-register at the same time as you, you may receive the following notice. Just hang tight, when space becomes available you will be let into the pre-registration portal. Don't leave this page.



3. Please complete all the questions that have a red asterisk*.

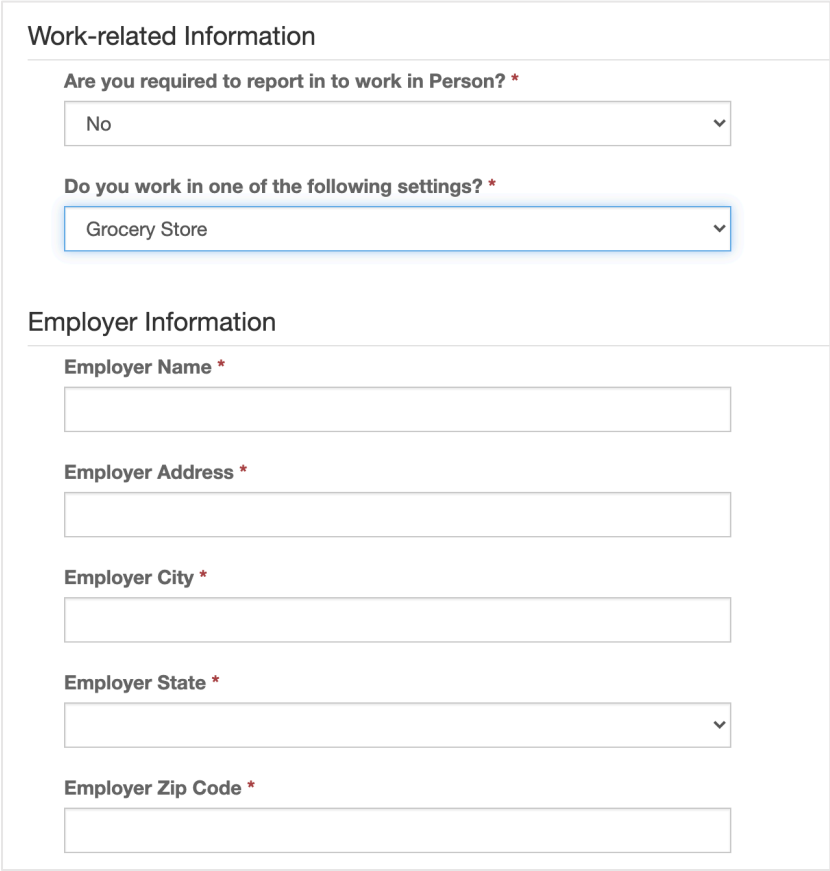
Begin by answering if you are a resident or a non-resident that works in DC.

Click the arrow (▼) on the right-hand side of the box.



Next you will fill out work-related questions, including the industry you work in, whether you currently report in person to work, as well as your employer information and work address.

Please note, if you select "No, I do not work" – you will **not** need to provide employer information or a work address.



4. Now you will provide medical information to ensure you are able to safely receive the vaccine. You are asked if you have ever gotten sick before when you have had a vaccine and whether this is your first COVID-19 dose.

   Next, review the list of medical conditions. If you see your condition on the list, select Yes.

Medical & Preference Information

Have you had any severe reaction to a vaccine before?

(●) No ( ) Yes

Will this be your first COVID-19 vaccine dose?

( ) No (●) Yes

Have you been diagnosed with one of the following medical conditions by your healthcare provider? *

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD), and other Chronic Lung Disease
- Bone Marrow and Solid Organ Transplantation
- Cancer
- Cerebrovascular Disease
- Chronic Kidney Disease
- Congenital Heart Disease
- Diabetes Mellitus
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies
- HIV
- Hypertension
- Immunocompromised State
- Inherited Metabolic Disorders
- Intellectual and Developmental Disabilities
- Liver Disease
- Neurologic Conditions
- Obesity, BMI ≥ 30 kg/m2
- Pregnancy
- Severe Genetic Disorders
- Sickle Cell Disease
- Thalassemia

Do you have a preference for one of the COVID-19 vaccines? *

No Preference

Here, you are given the chance to choose a preferred vaccine. You may choose from the current list of available vaccines – Pfizer, Moderna or Johnson and Johnson – or you can select "No Preference"

Click Next to continue.

5. **Enter your address.** Simply start typing your address in the Address Search & Select field.

   As you type, a drop-down list will appear with matching addresses based on your input to let you auto-fill your full address.

   Or enter your address manually here in line 1* [point to line 1]

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Staff Sign In

This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety.

Search for your Home Address or enter it manually.

Address Search & Select (just start typing your address)

Address Line 1 *

Apartment, Suite, Unit Number

City *

State *

Zip Code *

6. **Enter your** name, demographic details and your date of birth.

Personal Information

First Name *

Middle Name

Last Name *

Gender *

Race *

If other race, please specify

Please describe your ethnicity *

Please provide your date of birth.

Month *

Day *

Year *

7. Now you will provide your preferred contact method.

If you have no email, click the box next to "I do not have an email address" or if you prefer a phone call, select the box next to "Do you need us to call you when it's time to book your appointment?"

Enter your email (if you have one) and phone number.

Then you will select your preferred language.

Communication

☐ I do not have an email address

☐ Do you need us to call you when it's time to book your appointment?

Email Address *

Confirm Email Address *

Phone Number *

Mobile Phone Number (standard charges may apply)

What language would you like us to use when we communicate with you?

English

Secondary Contact

List a secondary email address for anyone who should receive a copy of any communication with you.

Email Address

Previous Next

If you have a second point of contact or are filling this form out on behalf of a family member or friend, you can add a second email address here to receive email confirmations and appointment notification.

8. On the next page, you will be prompted to verify your information. Check the form to make sure everything is correct.

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Staff Sign In

This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety.

Please verify your information below.

Personal Information

First Name * Derek	**Middle Name** –
Last Name * Drew	**Birth Date (DOB)** * 1/1/1952
Gender * Male	**Race** * White
If other race, please specify. –	**Ethnicity** * Prefer not to specify
Email Address * derek@email.com	**Secondary Contact Email Address** –
Phone Number * 202-292-0935	**Mobile Phone Number** –

Address

Address Line 1 * 21 Quincy Pl NE	**Apartment, Suite, Unit Number** –
City * Washington	**State** * District of Columbia 20002
Zip Code * 20003	

By clicking "next" you agree that the above information is accurate. You also agree to DC Health's privacy policy. By providing your information, you authorize us to share your personally identifiable information with our healthcare partners involved in the District's vaccination program. A copy of our privacy policy can be found by clicking here.

☐ I verify that the above information is accurate *

Previous Next

If the information is not correct, **click "Previous"** to return to your form and make changes.

If the information is correct, **click the box next to "I verify that the above information is accurate" and then select Next.**

Congratulations you have successfully pre-registered for your COVID-19 vaccine!

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Staff Sign In

Thank you for pre-registering, Derek!

You are now on the list.

Derek Drew:

Thank you for pre-registering in the DC Health vaccination pre-registration portal! Because of your action, DC Health will be able to better distribute vaccines so we can move past this pandemic.

This is confirmation that your information has been stored in the DC pre-registration portal. DC Health will contact you when it is your time to schedule an appointment to get vaccinated. You do not need to register again.

You are welcome to keep a copy of this confirmation page for your records. This page is confirmation that you are on the list. If you pre-registered prior to 7:00 PM EST you will receive a confirmation shortly after 7:00 PM EST the same business day. If you register after 7:00 PM EST, you will receive a confirmation the next business day after 7:00 PM EST.

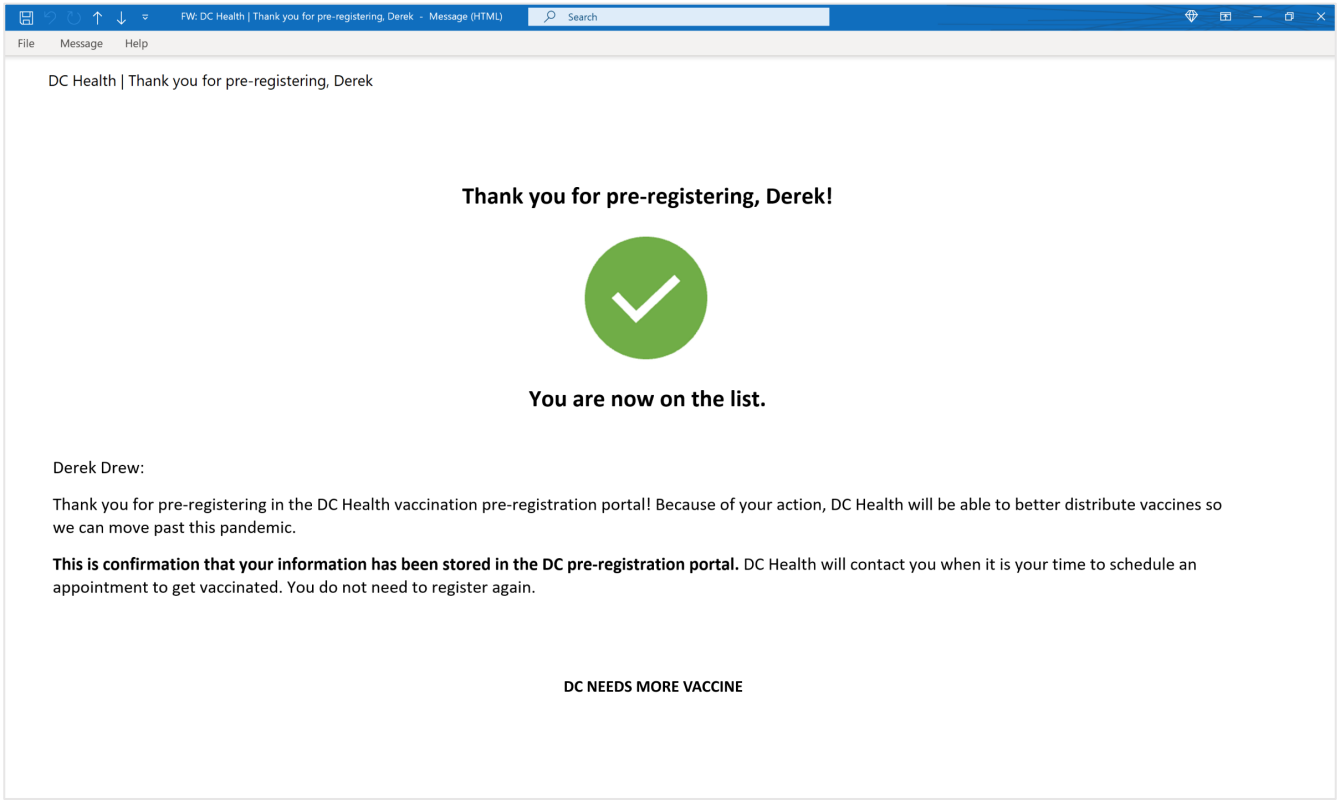
DC NEEDS MORE VACCINE

Email Confirmation

Depending on the time of day you pre-registered, you will receive a confirmation email that you are on the list.

If you pre-registered **prior to** 7:00 PM EST you will receive a confirmation shortly after 7:00 PM EST the same business day.

If you pre-register **after** 7:00 PM EST, you will receive a confirmation the **next** business day after 7:00 PM EST.



FW: DC Health | Thank you for pre-registering, Derek - Message (HTML)

Search

File Message Help

DC Health | Thank you for pre-registering, Derek

Thank you for pre-registering, Derek!

You are now on the list.

Derek Drew:

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Further Assistance

If you have any difficulty, please email vaccinatedc@dc.gov for support.

You may also call the District's call center at 855-363-0333, for assistance with vaccine pre-registration.

To receive alerts via email or text for future announcements go to vaccinate.dc.gov.