

Vaccination Appointment Guide

Updated
January 27, 2020



Vaccination Appointment 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.

In order to receive the vaccine, you must register for an appointment. Please use the following guide to help you through the process of registering for an appointment online.

Before You Start:

Before beginning registration, visit vaccinate.dc.gov to confirm you are in the current priority group.

You will be asked for your email to send your appointment confirmation, please be sure to have an email that you have access to prior to registering.



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 Register for a Vaccination Appointment Online

1. From vaccinate.dc.gov click the blue “Proceed to Vaccination Registration Portal” button to start.

The screenshot shows the 'Vaccination Registration' page on the Government of the District of Columbia website. The page has a red navigation bar at the top with links: Home, Phase Two, Testing, Vaccine, DC CAN, Recovery, Food, Utilities, Data, Operating Status, Health Guidance, and News. Below the navigation bar is a 'Listen' button. The main heading is 'Vaccination Registration'. Below this is the DC Government logo and the text 'GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR'. A paragraph of text explains that vaccination appointments are only available for workers in health care settings and District residents 65 years of age and older. It provides a phone number (855-363-0333) for assistance. Another paragraph states that if you do not work in a health care setting or are not a District resident 65 years of age and older, you can submit your email address or mobile phone number to receive an email or text message when the registry opens. A thank you message follows. A warning icon (a triangle with an exclamation mark) is displayed. Below the icon, a bold instruction reads: 'If you work for any of the below listed institutions, please exit this questionnaire and contact your facility for specific instructions on how to get vaccinated.' This is followed by two columns of bulleted lists of institutions. The first column includes DC Health, DC Fire and EMS, HSC Pediatric Center, Howard University Hospital, MedStar Georgetown University Hospital, Medstar Washington Hospital Center, Psychiatric Institute of Washington, St. Elizabeths Hospital, The George Washington University Hospital, and United Medical Center. The second column includes Children's National Hospital, Kaiser Permanente, National Rehabilitation Hospital, Sibley Memorial Hospital, Unity Healthcare, Community of Hope, Mary's Center, Giant Pharmacy, Bread for the City, and Safeway Pharmacy. Below the lists is a section titled 'Schedule an Appointment'. A note states: 'Please Note: This system is currently open only for people working in health care settings. You MUST provide verification of your eligibility at the time of your vaccination.' At the bottom, there is a blue button labeled 'Proceed to Vaccination Registration Portal' with a red arrow pointing to it from the right.

Home Phase Two Testing Vaccine DC CAN Recovery Food Utilities Data Operating Status Health Guidance News

Listen

Vaccination Registration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Thank you for your interest in registering with our vaccination portal. At this moment, vaccination appointments are only available for workers in health care settings and District residents 65 years of age and older. To schedule an appointment, please read the information below and then proceed to the required questionnaire. For assistance call the District's call center at 855-363-0333, Monday through Friday from 8 am to 7pm and Saturday from 8 am to 4 pm.

If you do not work in a health care setting or not a District residents 65 years of age and older, [submit your email address or mobile phone](#) and you will receive an email or text message when the registry opens to additional populations.

Thank you again. Together, we will save lives and end this pandemic.

If you work for any of the below listed institutions, please exit this questionnaire and contact your facility for specific instructions on how to get vaccinated.

- DC Health
- DC Fire and EMS
- HSC Pediatric Center
- Howard University Hospital
- MedStar Georgetown University Hospital
- Medstar Washington Hospital Center
- Psychiatric Institute of Washington
- St. Elizabeths Hospital
- The George Washington University Hospital
- United Medical Center
- Children's National Hospital
- Kaiser Permanente
- National Rehabilitation Hospital
- Sibley Memorial Hospital
- Unity Healthcare
- Community of Hope
- Mary's Center
- Giant Pharmacy
- Bread for the City
- Safeway Pharmacy

Schedule an Appointment

Please Note: This system is currently open only for people working in health care settings. You MUST provide verification of your eligibility at the time of your vaccination.

[Proceed to Vaccination Registration Portal](#)



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 above and iOS Leopard and above (Version 11).

2. **You are now on the COVID-19 Appointment Portal.** Please review and gather the information needed to make an appointment.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HOME | Vaccine Centers | Sign in

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

COVID-19 Vaccination Appointment

To schedule an appointment, please fill in the required questionnaire so that we can gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety. You will need to provide the following details:

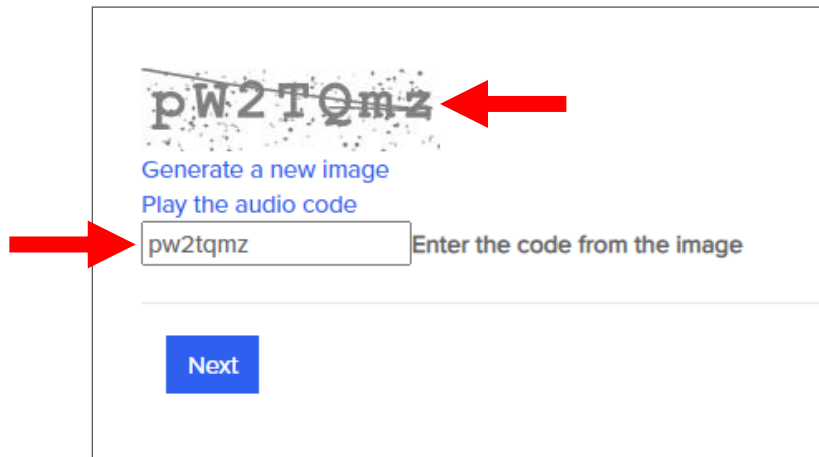
- Demographic details**
Such as race, ethnicity, gender, age
- Medical history**
Current/past ailments and allergy information
- COVID-19 history**
History of any COVID-19 infections, testing or vaccinations
- Contact information**
Your contact details

Take Questionnaire

Click the blue “Take Questionnaire” Button.

3. Initial Screening. CAPTCHA

What is a CAPTCHA? A CAPTCHA is a type test used in computing to determine whether or not the user is human or a bot.



To fill out the CAPTCHA type the letters and numbers as you see them in the image. Press the **"Next"** button.

If it's hard to see the letters, click the words **"Play the audio code"**. You will hear some words and/or numbers. Type the number(s) and/or the first letter of each word you hear.

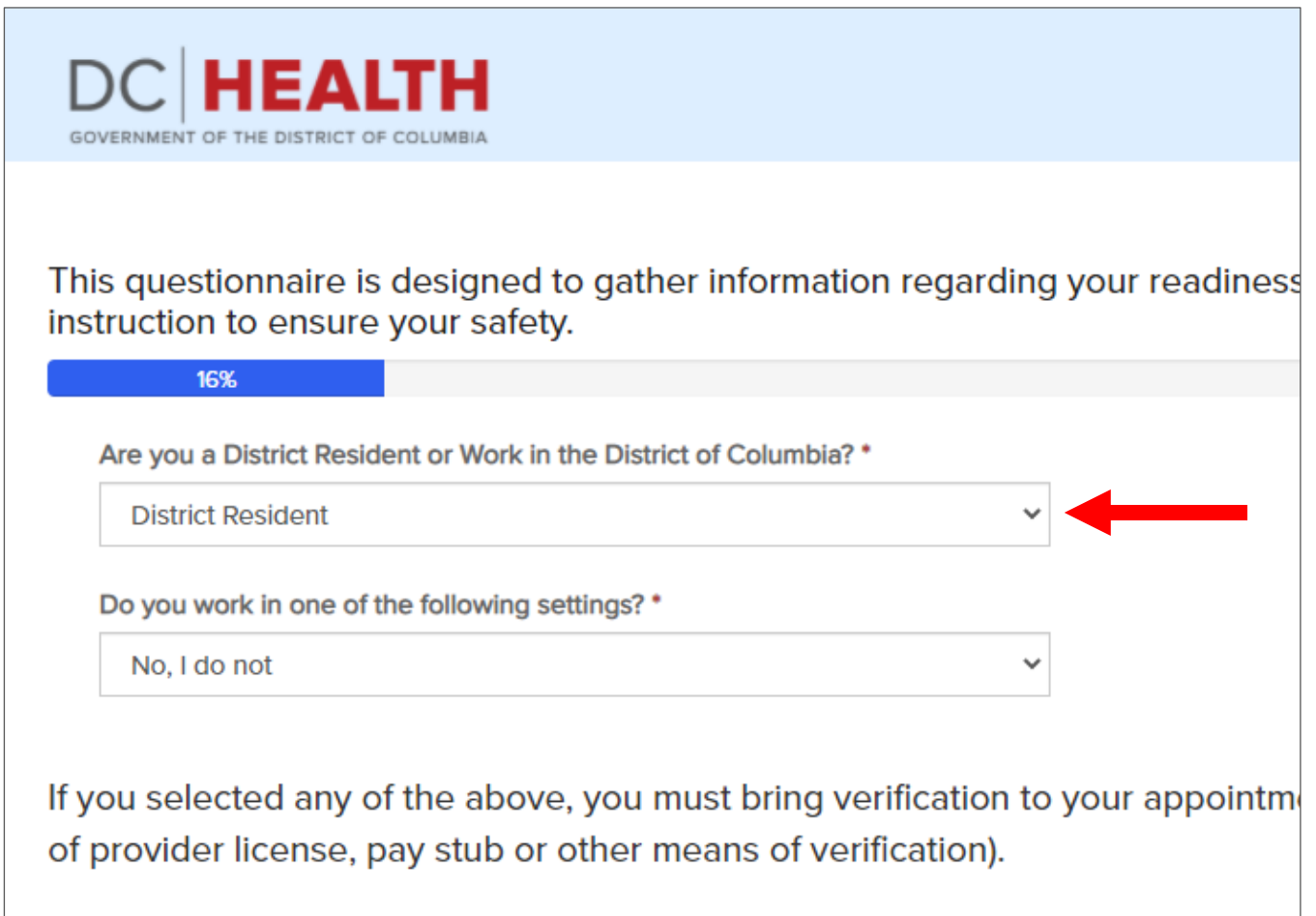
In the example picture above there is the code pW2TQmz, so this is what you would hear: papa whiskey 2 tango queen mike zulu.

You will type pw2tqmz

When you type in the letters, it does not matter if they are capital (M) or lowercase (m). Click the blue **"Next"** button. If you cannot hear the words, make sure the volume on your computer, tablet or phone is loud enough.

4. **Begin answering the questionnaire.** Click the arrow (▼) on the right hand side of each box. You will see several choices. Pick the one that is true for you.

Please complete all of the questions that have a red **asterisk***

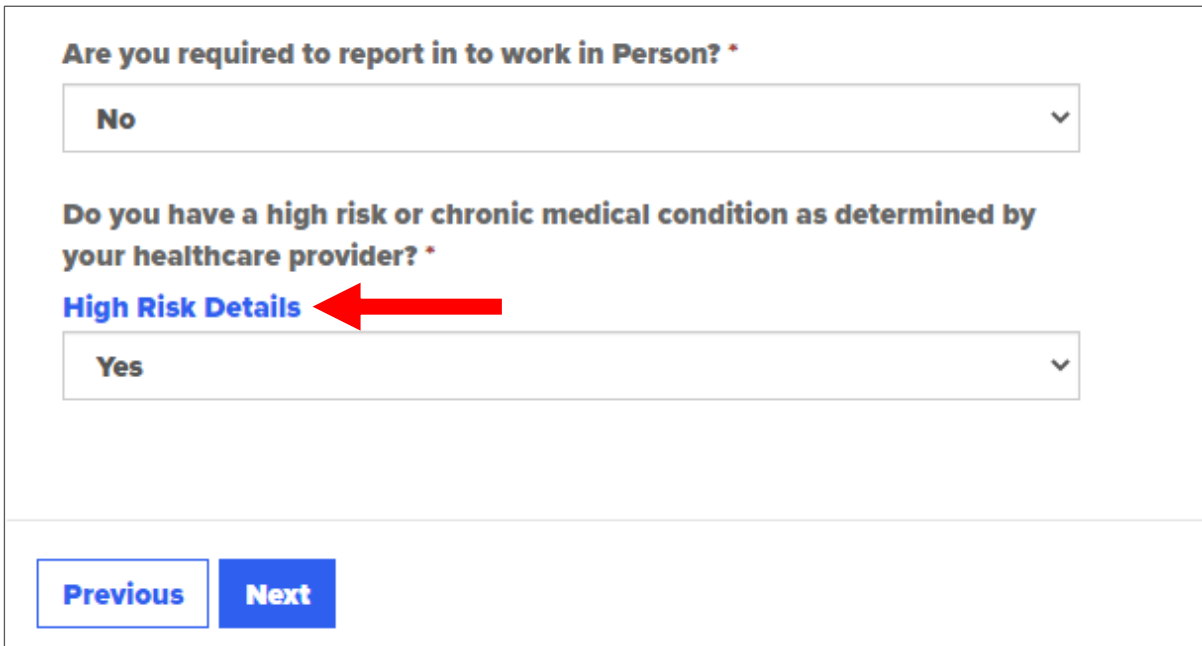


The screenshot shows the DC Health questionnaire interface. At the top is the DC Health logo with the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA". Below the logo, a message states: "This questionnaire is designed to gather information regarding your readiness instruction to ensure your safety." A progress bar indicates 16% completion. The first question is "Are you a District Resident or Work in the District of Columbia? *". The dropdown menu is open, showing "District Resident" as the selected option. A red arrow points to the dropdown arrow. The second question is "Do you work in one of the following settings? *". The dropdown menu is open, showing "No, I do not" as the selected option. Below the questions, a note states: "If you selected any of the above, you must bring verification to your appointment (of provider license, pay stub or other means of verification)."

Please Note: For District residents aged 65 and older, you do not need to bring a work ID badge, letter from your employer, or a pay stub to your appointment. This is a note meant for health care workers part of phase 1a.

Click the blue **"Next"** button to continue.

5. If you're not sure you have a high risk or chronic medical condition, click the words "High Risk Details" and look at the list of medical conditions that appears. If you see your condition on that list, click "Yes".



The screenshot shows a web form with two dropdown menus. The first dropdown is labeled "Are you required to report in to work in Person? *" and has "No" selected. The second dropdown is labeled "Do you have a high risk or chronic medical condition as determined by your healthcare provider? *" and has "Yes" selected. A red arrow points to the text "High Risk Details" in blue, which is positioned to the left of the second dropdown. At the bottom of the form are two buttons: "Previous" and "Next".

Are you required to report in to work in Person? *

No

Do you have a high risk or chronic medical condition as determined by your healthcare provider? *

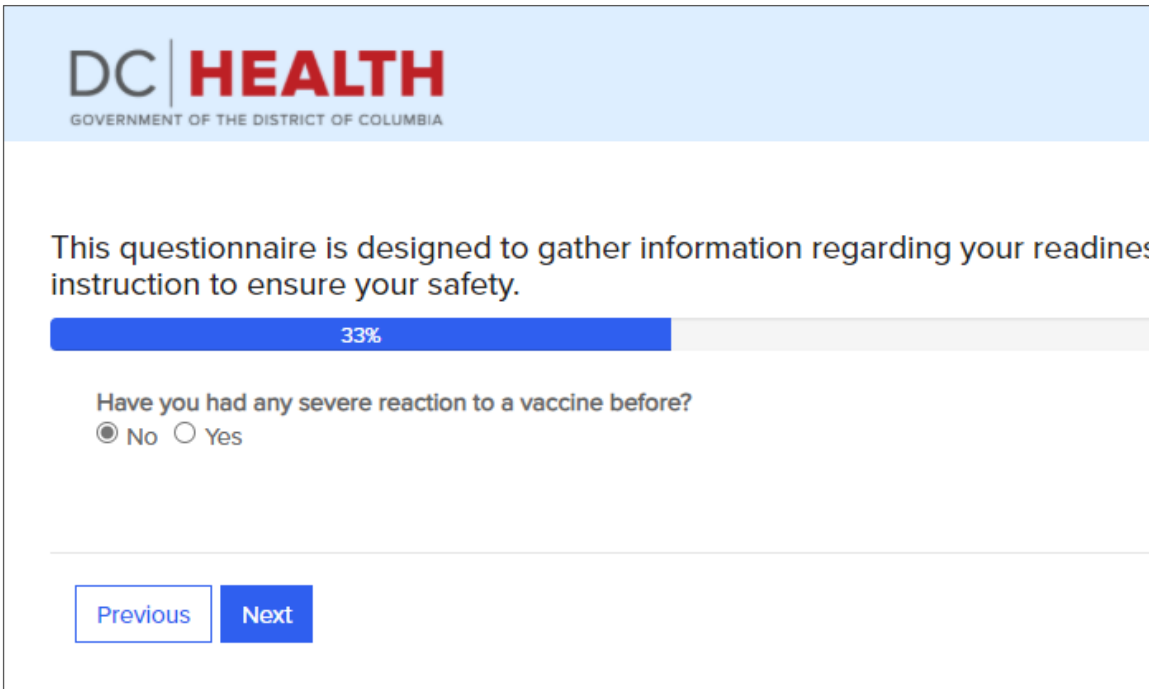
High Risk Details

Yes

Previous Next

Click the blue "**Next**" button to continue.

6. If you have not gotten sick before when you had a vaccine, answer “No”.




The screenshot shows a web interface for the DC Health vaccine readiness questionnaire. At the top, the DC Health logo is displayed with the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA". Below the logo, a message states: "This questionnaire is designed to gather information regarding your readiness to receive a vaccine. Please read the following instruction to ensure your safety." A progress bar indicates that 33% of the questionnaire has been completed. The current question is "Have you had any severe reaction to a vaccine before?", with radio button options for "No" (selected) and "Yes". At the bottom, there are two buttons: "Previous" and "Next".

Click the blue **“Next”** button to continue.

7. If the doctor has not told you to stay home or away from other people because you have COVID-19 or another sickness, answer “No”. If the doctor has told you to stay home or away from other people because you have COVID-19 or another sickness, answer “Yes”.

If this is the first time you have had a COVID-19 vaccination, answer “Yes”. If this is not the first time you have had a COVID-19 vaccination, answer “No”.



GOVERNMENT OF THE DISTRICT OF COLUMBIA

This questionnaire is designed to gather information regarding your readiness for COVID-19 instruction to ensure your safety.

50%

Are you under isolation or quarantine for COVID-19 at this moment?

☒ No ☐ Yes

Will this be your first COVID-19 vaccine dose?

☐ No ☒ Yes

Please note, vaccinate.dc.gov only schedules the first dose of your COVID-19 vaccine. You must be administered your first vaccine to schedule your second dose.

Previous

Next

Click the blue “**Next**” button to continue.

8. Type in your: First Name, Last Name,, Email Address and Phone Number.



For the Address Field, as you type a drop down will appear searching for your location so that you may auto-fill your full address. Please click from that drop down, **DO NOT** ignore it and type it in yourself.

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

66%

Resident Information Collection

Please provide your information below.

First Name *

Middle Name

Last Name *

Address (search for and select your address here) *

Apartment, Suite, Unit Number

Email Address *

Phone Number *

9. Select your: gender, race, ethnicity, birth month, day, and year.

Gender *

Race *

If other race, please specify

Please describe your ethnicity *

Please provide your date of birth

Month *

Day *

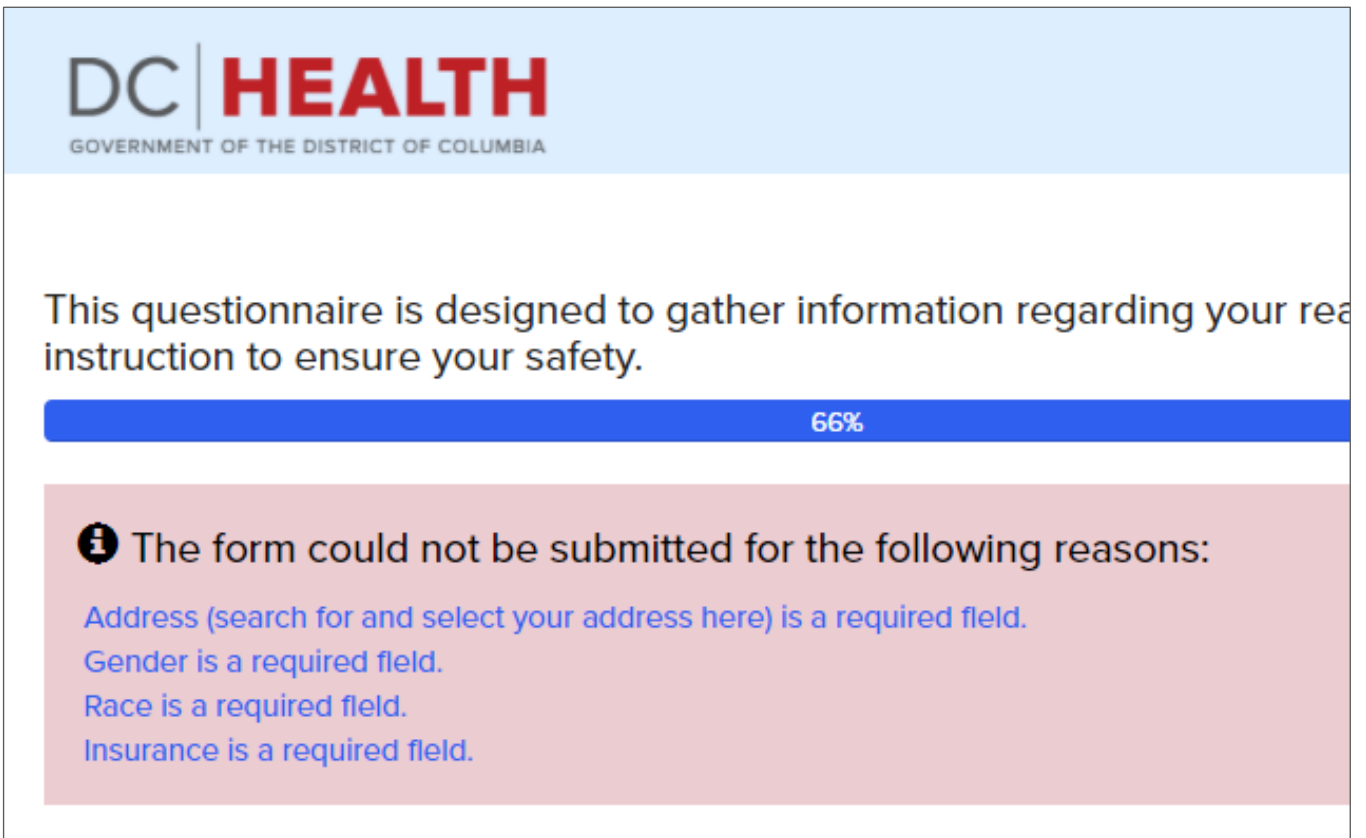
Year *

Click the blue **“Next”** button at the bottom of the page.

Previous

Next

10. If you have forgotten to complete a required question or a question wasn't answered correctly, a pink box will appear and give you instructions for correcting.



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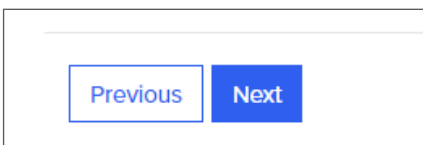
This questionnaire is designed to gather information regarding your real instruction to ensure your safety.

66%

i The form could not be submitted for the following reasons:

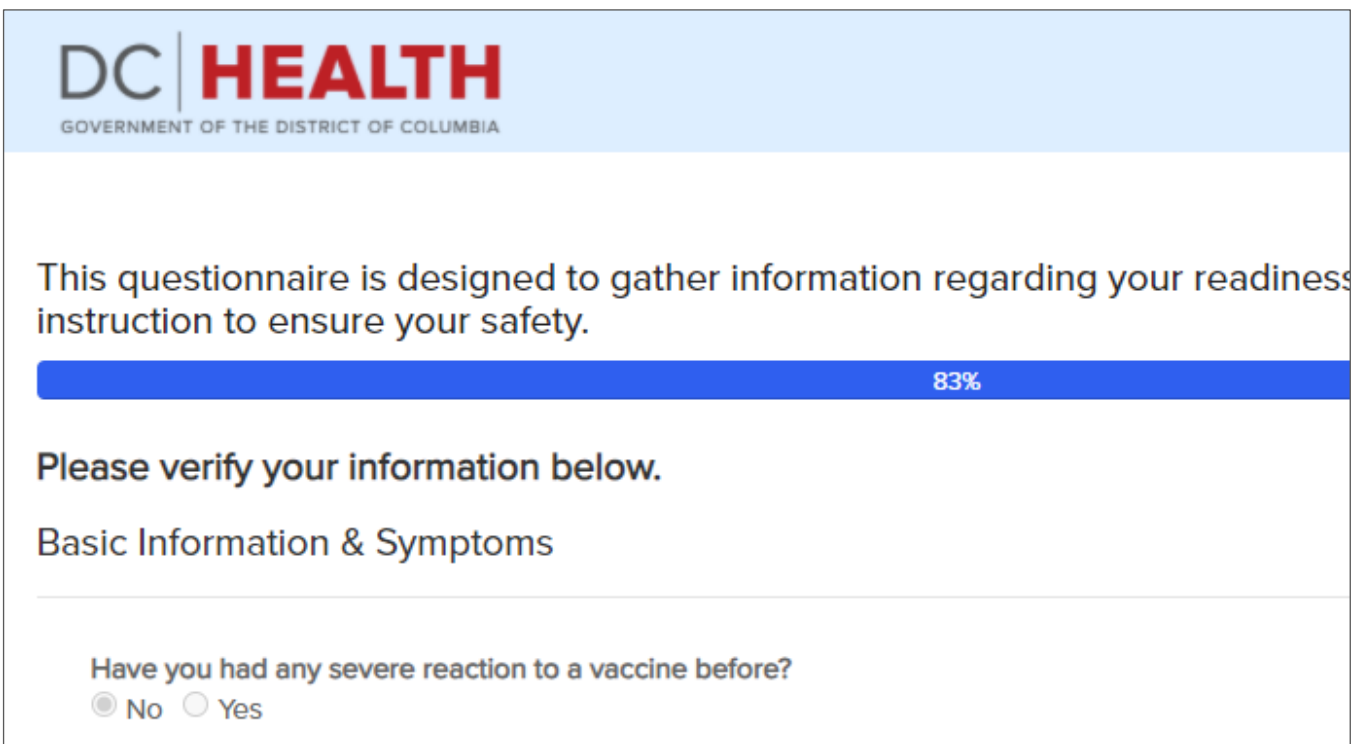
- Address (search for and select your address here) is a required field.
- Gender is a required field.
- Race is a required field.
- Insurance is a required field.

After you make any corrections, **click** the blue “**Next**” button to continue.



Previous Next

11. You will be prompted to verify the information. Check the form to make sure everything is correct.



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This questionnaire is designed to gather information regarding your readiness to receive the vaccine. Please read the instruction to ensure your safety.

83%

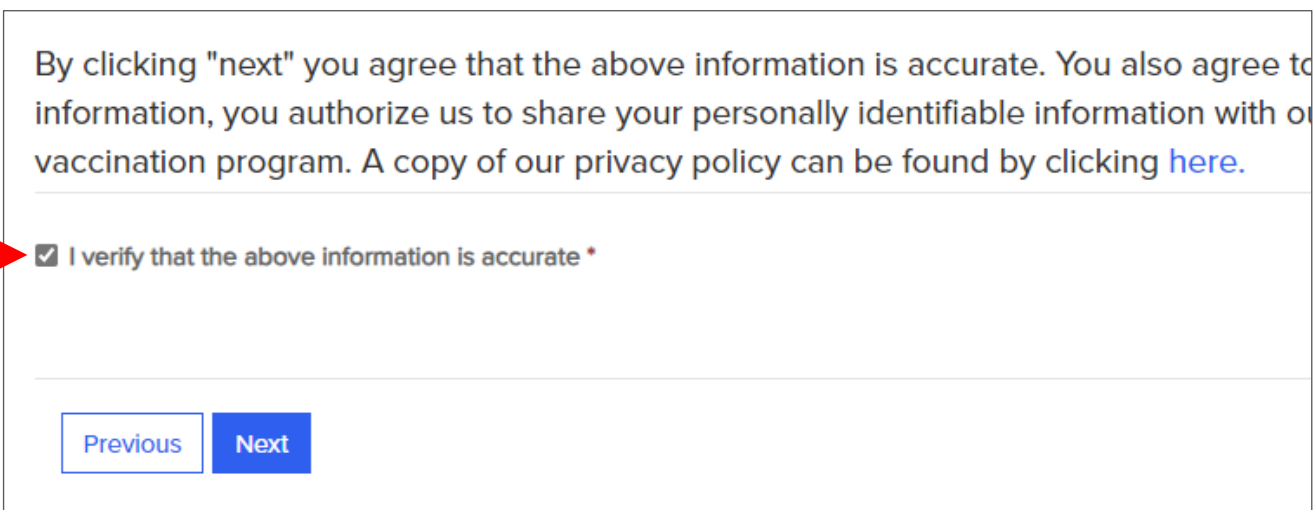
Please verify your information below.

Basic Information & Symptoms

Have you had any severe reaction to a vaccine before?

☒ No ☐ Yes

If the information is correct, **click** the small **box** near the words “**I verify that the above information is accurate**”.



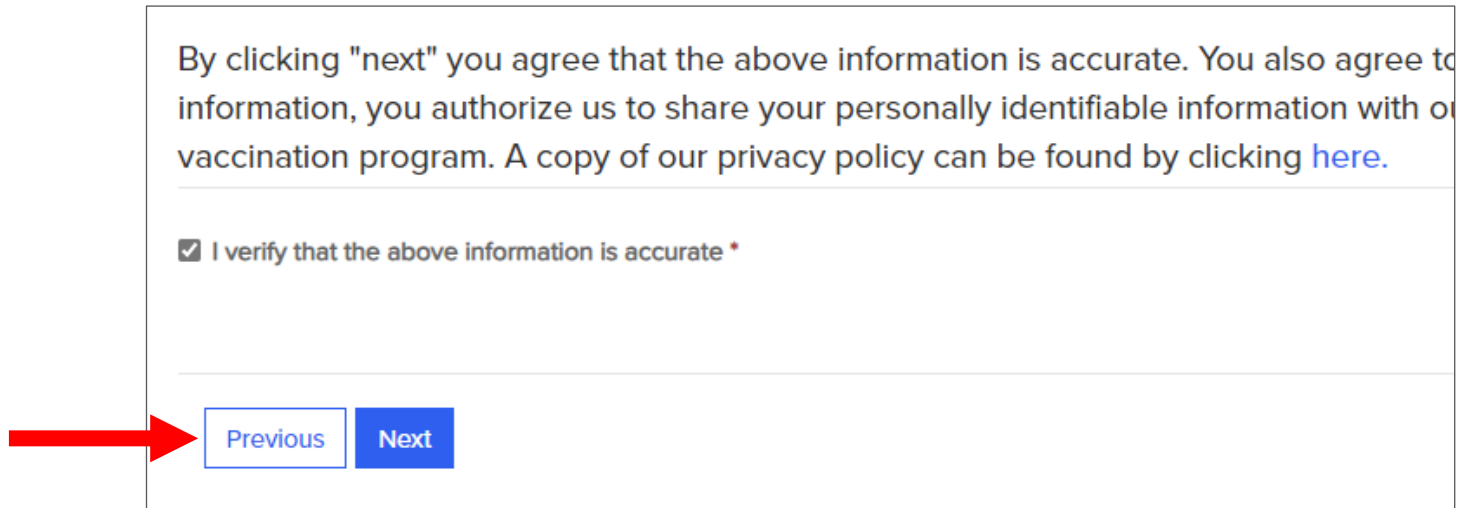
By clicking "next" you agree that the above information is accurate. You also agree to share your information, you authorize us to share your personally identifiable information with our vaccination program. A copy of our privacy policy can be found by clicking [here](#).

☒ I verify that the above information is accurate *

Previous Next

Click the blue “**Next**” button at the bottom of the page.

12. If the information is not correct, click the white “Previous” button at the bottom of the screen. You can then return to your form and make changes.



By clicking "next" you agree that the above information is accurate. You also agree to share your information, you authorize us to share your personally identifiable information with our vaccination program. A copy of our privacy policy can be found by clicking [here](#).

☒ I verify that the above information is accurate *

[Previous](#) [Next](#)

Once the information is correct, click the small box near the words “I verify that the above information is accurate”.

Click the blue “**Next**” button at the bottom of the page.

13. Find a location. On this page you will look at locations offering vaccines, choose one that works for you by clicking the bright blue hyperlinked name.

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Vaccine Centers

Sign in

Do not use the browser back button.

If centers are not available, please sign up to [be alerted when more appointments are available](#).

Covid-19 vaccinations will be made available in phases to ensure those populations most at risk are prioritized. Based upon your current status, you are currently eligible to schedule your appointment for vaccination. Please select a COVID Vaccination Location by clicking on the name from the list below.

Welcome Sylvia Liggett

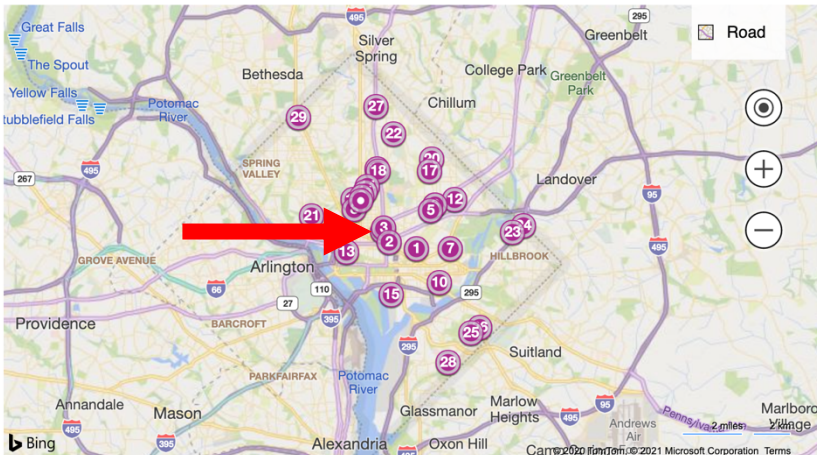
Search for location near

2016 16th St NW, Washi

within

100 miles

Search



1. Giant Food #2381
300 H St NE Washington, DC 20002
Get Directions

2. Safeway Pharmacy #2737
490 L St NW Washington, DC 20001
Get Directions

3. Bread for the City – Medical Clinic
1525 7th St NW Washington, DC 20001
Get Directions

4. Giant Food #2376
1400 7th St NW Washington, DC 20001
Get Directions

Use the map to see locations in proximity to your residence. The numbers correlate to the list of locations on the right side of the screen.

vaccinate.dc.gov
v.01/27/2021

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DACL
LIVE BOLDLY

octo
office of the chief technology officer

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DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

14. Click the **Get Directions** button under a location to generate a map from where you are to the appointment address.

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Vaccine Centers

Sign in

Do not use the browser back button.

If centers are not available, please sign up to [be alerted when more appointments are available](#).

Covid-19 vaccinations will be made available in phases to ensure those populations most at risk are prioritized. Based upon your current status, you are currently eligible to schedule your appointment for vaccination. Please select a COVID Vaccination Location by clicking on the name from the list below.

Welcome Sylvia Liggett

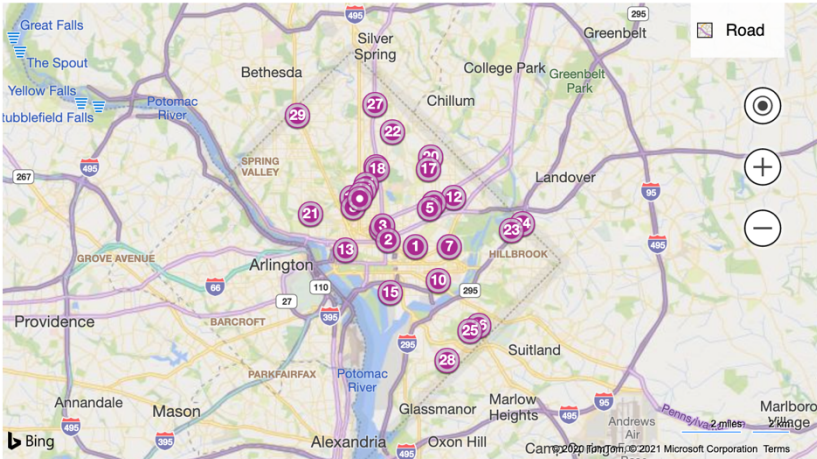
Search for location near

2016 16th St NW, Washi

within

100 miles

Search



1. Giant Food #23810.6 miles
300 H St NE Washington, DC 20002
[Get Directions](#)

2. Safeway Pharmacy #27370.6 miles
490 L St NW Washington, DC 20001
[Get Directions](#)

3. Bread for the City - Medical Clinic0.8 miles
1525 7th St NW Washington, DC 20001
[Get Directions](#)

4. Giant Food #23760.8 miles
1400 7th St NW Washington, DC 20001
[Get Directions](#)

Check your address and click “Get Directions”.

Get Directions

From2601 16th St NW, Washington, District of Columbia

To38.9259,-77.03533

Get Directions

7. Bread for the City - Medical Clinic1.2 miles
1525 7th St NW Washington, DC 20001

Get Directions

10min

Light traffic

1.8 mi

11

Light traffic

1.8 mi

15. Select an appointment. Once you select your location, you will see a list of available appointments. Click “Book” to make your appointment.

If appointments are NOT available, please use the **Change Location** button to select other centers. If no other centers are available, please sign up to [be alerted when more appointments are available](#).

Please confirm your booking within : 170 seconds

Date Range

Apply

Change Location

Resource ↑	Start Time	End Time	Duration	
Bread for the City – Medical Clinic	1/28/2021 10:00 AM	1/28/2021 11:00 AM	60	Book
Bread for the City – Medical Clinic	1/28/2021 11:00 AM	1/28/2021 12:00 PM	60	Book
Bread for the City – Medical Clinic	1/28/2021 4:00 PM	1/28/2021 5:00 PM	60	Book
Bread for the City – Medical Clinic	1/29/2021 10:00 AM	1/29/2021 11:00 AM	60	Book
Bread for the City – Medical Clinic	1/29/2021 11:00 AM	1/29/2021 12:00 PM	60	Book
Bread for the City – Medical Clinic	1/29/2021 12:00 PM	1/29/2021 1:00 PM	60	Book
Bread for the City – Medical Clinic	1/30/2021 10:00 AM	1/30/2021 11:00 AM	60	Book
Bread for the City – Medical Clinic	1/30/2021 11:00 AM	1/30/2021 12:00 PM	60	Book
Bread for the City – Medical Clinic	1/30/2021 1:00 PM	1/30/2021 2:00 PM	60	Book



If there are no appointments available or you want to book at a different location, **DO NOT** click your back button on your browser, please click the blue “Change Location” button.

16. Next you are asked to review your name, date of birth, and appointment location, date and time. To confirm your booking click “Submit”.

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Home | Vaccine Centers | Sign in

Please confirm your booking within : 170 seconds

Please review your appointment selection below before submitting.

Name
Sylvia Murph

DOB
6/4/1940

Vaccination Location *
Bread for the City – Medical Clinic

Start Time *
1/28/2021 5:00 PM

End Time *
1/28/2021 6:00 PM

[Back](#) [Submit](#)

To find a **different** booking click “Back”.

Confirmation

After your appointment is successfully booked, you will see this confirmation message. Please print or take a screen shot of this page. You will also receive an email confirmation with full details.

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[Vaccine Centers](#) | [Sign in](#)

Your booking is confirmed.


Due to high volumes, your confirmation email may take up to 24 hours to process. Please print or screen shot this page as your confirmation. If you are unable to locate the email in either your inbox or spam folder, please contact DC Health at vaccinatedc@dc.gov for assistance.

Name
Sylvia Murph

Appt ID
62399-V0Z7F

Start Time
01/28/2021 5:00 PM

Vaccine Location
Bread for the City – Medical Clinic



Email Confirmation

The subject of the email is: **COVID Vaccine Notification - Booking Confirmation**. Be sure to check your SPAM or JUNK folder. After 24 hours, if you are unable to find the email, please email vaccinatedc@dc.gov for assistance.

From: NO-REPLY-VRAS <no-reply-vras@dc.gov>
Date: Wednesday, January 27, 2021 at 5:50 PM
To: Sylvia Murph <ldyfm@email.com>
Subject: COVID Vaccine Notification - Booking Confirmation

Hello Sylvia,

You have been approved to receive a COVID-19 Vaccine. Please bring the below confirmation code and/or QR code with you (on your phone or printed) and report to the vaccine center.

Scheduling Confirmation:

Name: Sylvia Murph
Email: ldyfm@email.com
Appointment ID: 62399-V027F
Vaccination Location: Bread for the City – Medical Clinic
1525 7th St NW
Washington, DC 20001
Start Time: 1/28/2021 5:00 PM EST
End Time: 1/28/2021 6:00 PM EST

Please be prepared to provide verification of your work setting at the time of your vaccine appointment. This can include an ID badge, letter or email from a supervisor, or other methods. The provider who administered your first dose is responsible for scheduling your second dose. If you have any issues scheduling your second doses, please [click here](#) for contact information for your provider. All other questions may be directed to vaccinatedc@dc.gov.

You can cancel your booking by clicking on this [link](#)

Cancelling Your Appointment

1. If you need to cancel your appointment, open your confirmation email for the appointment and select either option at the bottom of the email.

From: NO-REPLY-VRAS <no-reply-vras@dc.gov>
Date: Wednesday, January 27, 2021 at 5:50 PM
To: Sylvia Murph <ldyfm@email.com>
Subject: COVID Vaccine Notification - Booking Confirmation

Hello Sylvia,

You have been approved to receive a COVID-19 Vaccine. Please bring the below confirmation code and/or QR code with you (on your phone or printed) and report to the vaccine center.

Scheduling Confirmation:

Name: Sylvia Murph
Email: ldyfm@email.com
Appointment ID: 62399-V0Z7F
Vaccination Location: Bread for the City – Medical Clinic
1525 7th St NW
Washington, DC 20001
Start Time: 1/28/2021 5:00 PM EST
End Time: 1/28/2021 6:00 PM EST

Please be prepared to provide verification of your work setting at the time of your vaccine appointment. This can include an ID badge, letter or email from a supervisor, or other methods. The provider who administered your first dose is responsible for scheduling your second dose. If you have any issues scheduling your second doses, please [click here](#) for contact information for your provider. All other questions may be directed to vaccinatedc@dc.gov.

You can cancel your booking by clicking on this [link](#)

2. Confirm your date of birth.

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Please confirm your date of birth

Month *

Day *

Year *

Next

Click the blue “Next” button to continue.

3. Enter the CAPTCHA code shown.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Name

Sylvia Murph

Appt ID

62399-V0Z7F

Start Time *

1/28/2021 5:00 PM

Date of Birth

6/4/1940

Test Location *

Bread for the City – Medical Clinic

End Time *

1/28/2021 6:00 PM

GZ9z7R7

[Generate a new image](#)
[Play the audio code](#)

Enter the code from the image

Next

Click the blue “Next” button to continue.

4. Your appointment has now been cancelled.

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Your appointment was cancelled.

Further Assistance

If you have any difficulty or cannot find your confirmation email, please email vaccinatedc@dc.gov for support.

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

To receive alerts via email or text for future announcements or when more appointments become available go to vaccinate.dc.gov