

Vaccination Appointment Guide



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.

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
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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).

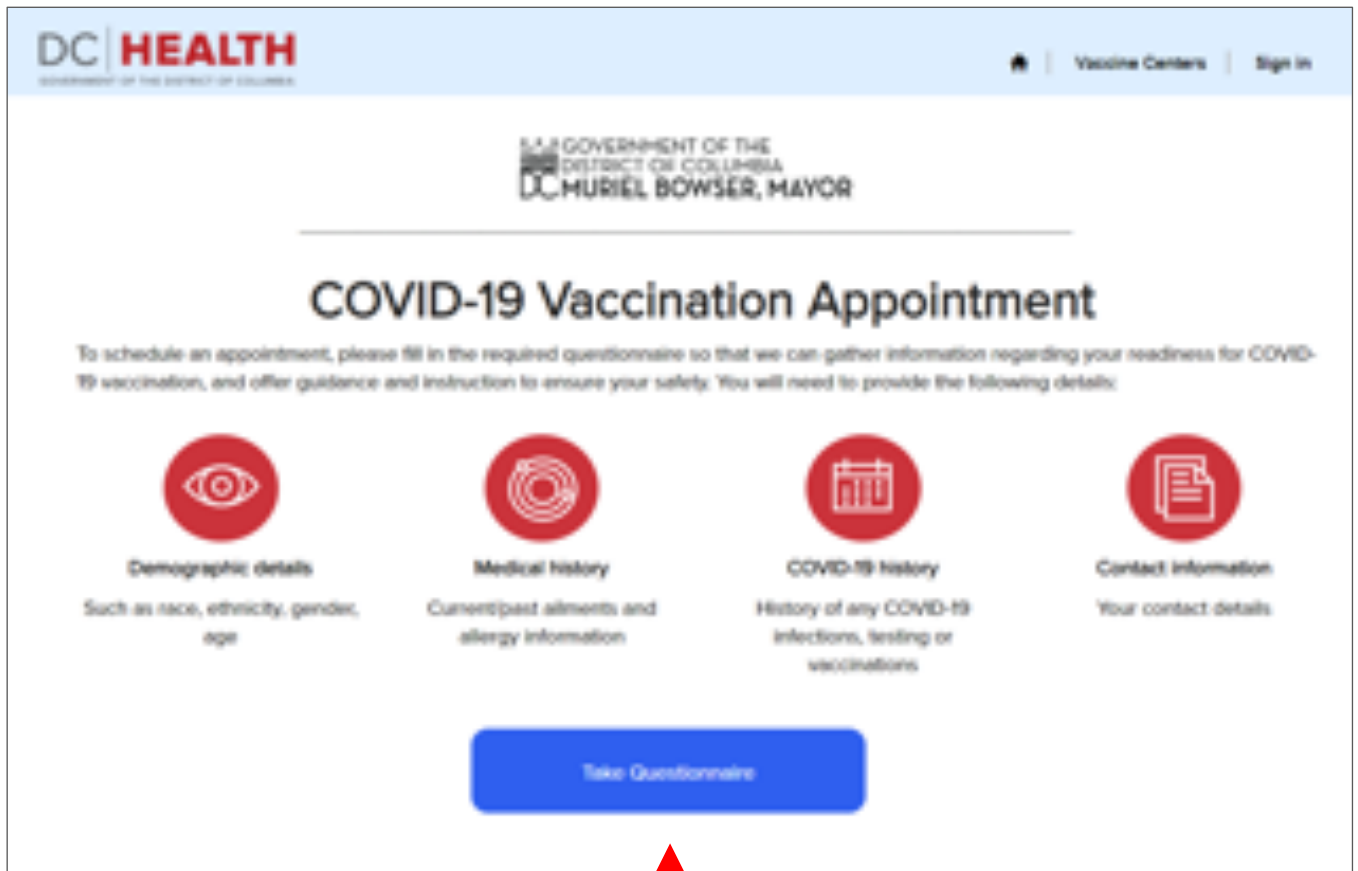



2. You are now on the **COVID-19 Appointment Portal**. Please review and gather the information needed to make an appointment.

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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

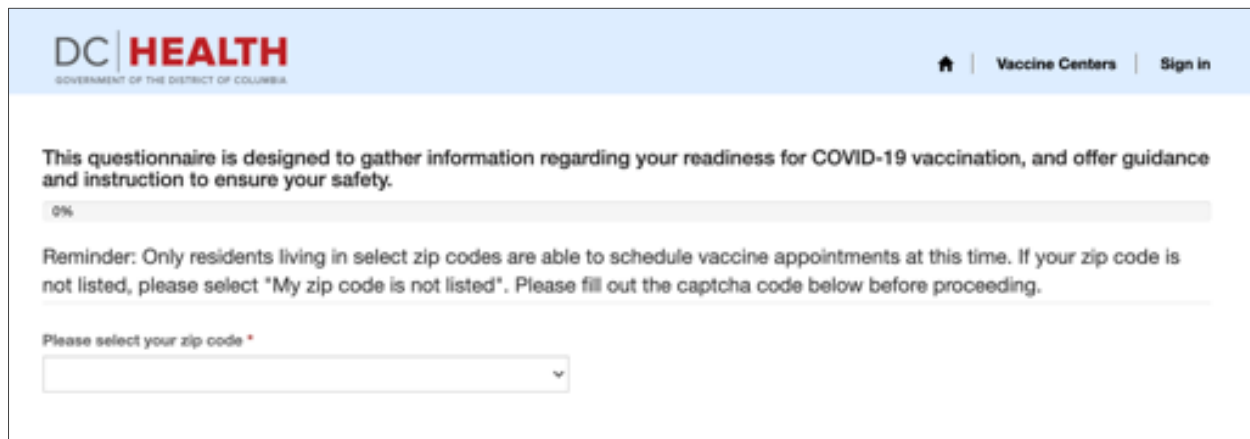
[Take Questionnaire](#)

Click the blue “Take Questionnaire” Button.

3. Initial Screening.

First input your zip code.

Priority zip codes include areas of the city where residents are disproportionately affected by COVID-19, including number of cases and mortality rate.



The screenshot shows the DC Health website header with the logo and navigation links for Vaccine Centers and Sign in. The main content area contains a title, a progress bar at 0%, a reminder about zip codes, and a dropdown menu for selecting a zip code.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home | Vaccine Centers | 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.

0%

Reminder: Only residents living in select zip codes are able to schedule vaccine appointments at this time. If your zip code is not listed, please select "My zip code is not listed". Please fill out the captcha code below before proceeding.

Please select your zip code *

Next, fill out the CAPTCHA. Type the letters and numbers as you see them in the image. Press the "Next" button.

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.



The screenshot shows the CAPTCHA interface with a red arrow pointing to the code 'pW2TQmz'. Below the code are links for 'Generate a new image' and 'Play the audio code', a text input field, and a blue 'Next' button.

pW2TQmz

Generate a new image

Play the audio code

pw2tqmz Enter the code from the image

Next

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.

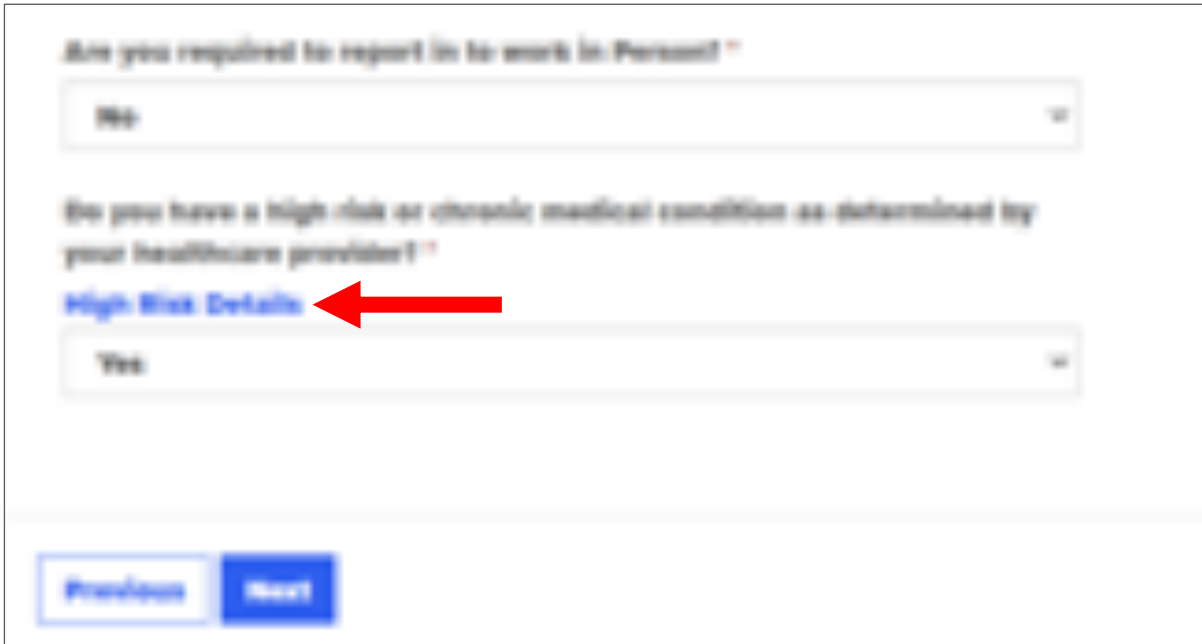
Please complete all of the questions that have a red **asterisk***



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 questions. The first question is "Are you required to report in to work in Person?" with a dropdown menu showing "No". The second question is "Do you have a high risk or chronic medical condition as determined by your healthcare provider?". Below this question is a link labeled "High Risk Details" in blue text, which is pointed to by a red arrow. Below the link is a dropdown menu showing "Yes". At the bottom of the form are two buttons: "Previous" and "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 form titled "DC HEALTH" with the subtitle "GOVERNMENT OF THE DISTRICT OF COLUMBIA". Below the header, a message states: "This questionnaire is designed to gather information regarding your readiness instruction to ensure your safety." A progress bar is visible, with the first segment highlighted in blue and labeled "1. Readiness". The main question is "Have you had any severe reaction to a vaccine before?". Below the question are two radio button options: "No" (which is selected) and "Yes". At the bottom of the form are two buttons: "Previous" (in a light blue box) and "Next" (in a dark blue box).

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”.



The screenshot shows a web interface for the DC Health COVID-19 questionnaire. 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 for COVID-19 instruction to ensure your safety." A progress bar indicates 10% completion. Two questions are visible: "Are you under isolation or quarantine for COVID-19 at this moment?" with radio buttons for "No" (selected) and "Yes", and "Will this be your first COVID-19 vaccine dose?" with radio buttons for "No" (selected) and "Yes". A note at the bottom says: "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." At the bottom of the form are two buttons: "Previous" and "Next".

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

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

DC

HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

100%

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, and insurance info.

The screenshot shows a web form with the following sections:

- Gender ***: A dropdown menu.
- Race ***: A dropdown menu.
- If other race, please specify**: A text input field.
- Please describe your ethnicity ***: A dropdown menu.
- Please provide your date of birth**: A section header.
- Month ***: A dropdown menu.
- Day ***: A dropdown menu.
- Year ***: A dropdown menu.
- Insurance Information**: A section header.
- Insurance ***: A dropdown menu.

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

Two buttons are shown: a light blue "Previous" button and a dark blue "Next" button.

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.



The screenshot shows the DC Health logo at the top. Below it, a message states: "This questionnaire is designed to gather information regarding your need instruction to ensure your safety." A blue bar with the word "Next" is visible. A pink error box contains the following text:

- ❗ 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.



The screenshot shows two buttons: a light blue "Previous" button and a dark blue "Next" button.

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 for instruction to ensure your safety.

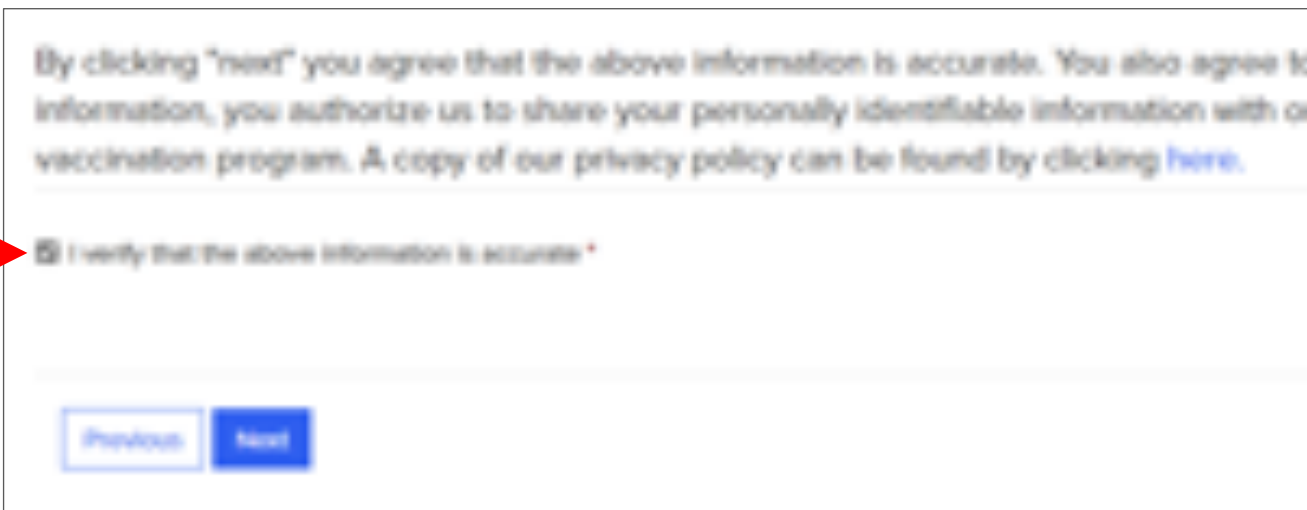
Please verify your information below.

Basic Information & Symptoms

Have you had any severe reaction to a vaccine before?

☐ Yes ☐ No

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



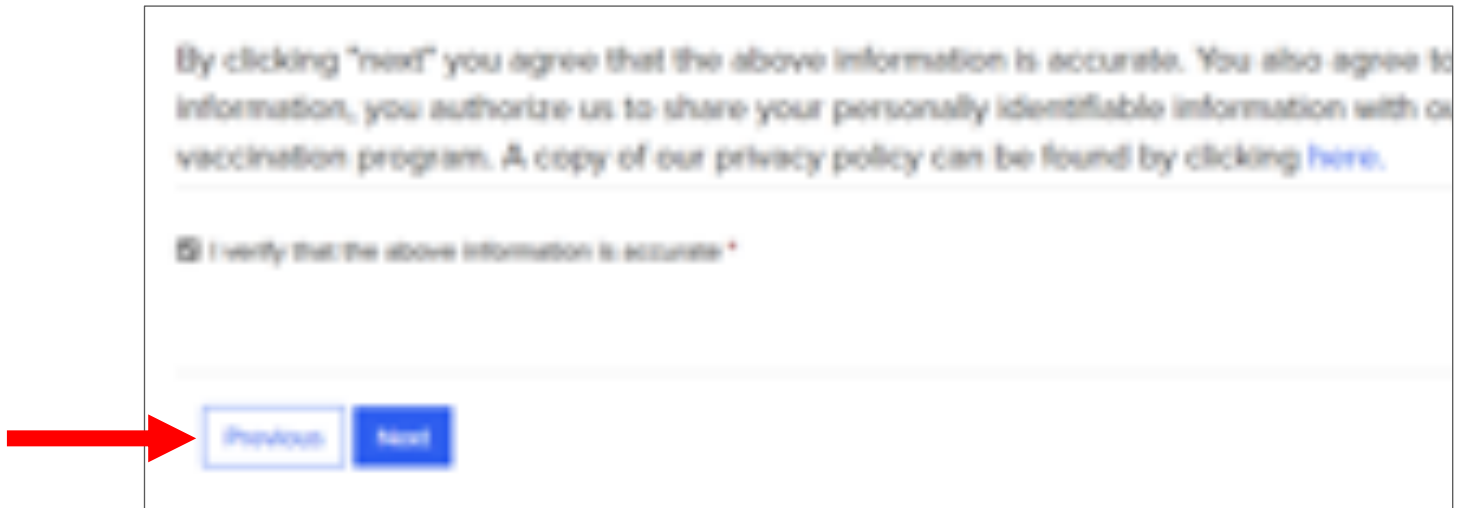
By clicking “next” you agree that the above information is accurate. You also agree to information, you authorize us to share your personally identifiable information with our vaccination program. A copy of our privacy policy can be found by clicking [here](#).

☒ 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.



The screenshot shows a form with the following text: "By clicking 'next' you agree that the above information is accurate. You also agree to 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](#)." Below this text is a checkbox labeled "I verify that the above information is accurate". At the bottom of the form are two buttons: "Previous" (white with a blue border) and "Next" (solid blue). A red arrow points to the "Previous" button.

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

If appointments are NOT available, please go back and select other centers. If no other centers are 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 Nina Test

Search for location near 2601 16th St NW, Washi within 25 miles Search

1. Giant Food #2381 0.6 miles
300 H St NE Washington, DC 20002
Get Directions

2. Safeway Pharmacy #2737 0.6 miles
490 L St NW Washington, DC 20001
Get Directions

3. Bread for the City - Medical Clinic 0.6 miles
1525 7th St NW Washington, DC 20001
Get Directions

4. Giant Food #2376 0.8 miles
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.

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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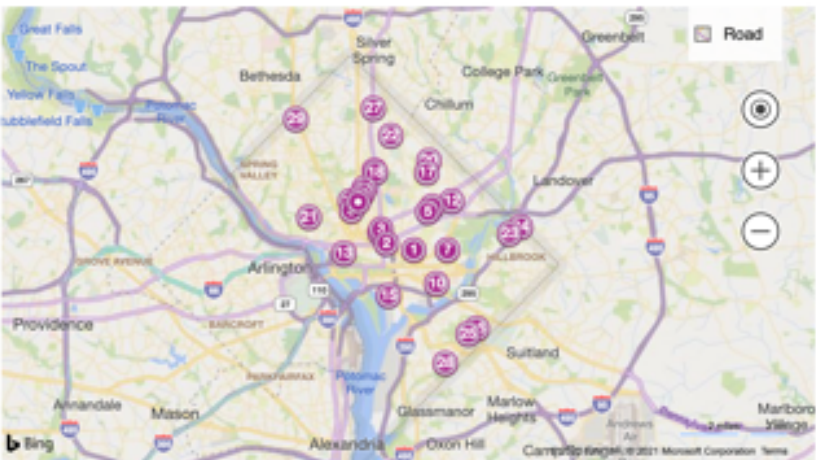
🏠 | Vaccine Centers | Sign in

If appointments are NOT available, please go back and select other centers. If no other centers are 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 Nina Test

Search for location near 2601 16th St NW, Washi within 25 miles [Search](#)



1. [Giant Food #2381](#) 0.6 miles
300 H St NE Washington, DC 20002
[Get Directions](#)

2. [Safeway Pharmacy #2737](#) 0.6 miles
490 L St NW Washington, DC 20001
[Get Directions](#)

3. [Bread for the City - Medical Clinic](#) 0.8 miles
1525 7th St NW Washington, DC 20001
[Get Directions](#)

4. [Giant Food #2376](#) 0.8 miles
1400 7th St NW Washington, DC 20001
[Get Directions](#)

Check your address and click “Get Directions”.

Get Directions

From 2601 16th St NW, Washington, District of Columbia

To 38.9259,-77.03533

[Get Directions](#)

7. [Bread for the City - Medical Clinic](#) 1.2 miles
1525 7th St NW Washington, DC 20001

[Get Directions](#)

10 min	Light traffic Via 16th St NW, U St NW	1.8 mi
11 min	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 go back and 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 : 169 seconds


Date Range

Apply

Back

Resource ↑	Start Time	End Time	Duration	
Bread for the City – Medical Clinic	1/21/2021 9:00 AM	1/21/2021 10:00 AM	60	Book
Bread for the City – Medical Clinic	1/21/2021 1:00 PM	1/21/2021 2:00 PM	60	Book
Bread for the City – Medical Clinic	1/21/2021 2:00 PM	1/21/2021 3:00 PM	60	Book
Bread for the City – Medical Clinic	1/22/2021 9:00 AM	1/22/2021 10:00 AM	60	Book
Bread for the City – Medical Clinic	1/22/2021 2:00 PM	1/22/2021 3:00 PM	60	Book
Bread for the City – Medical Clinic	1/22/2021 3:00 PM	1/22/2021 4:00 PM	60	Book
Bread for the City – Medical Clinic	1/22/2021 4:00 PM	1/22/2021 5:00 PM	60	Book
Bread for the City – Medical Clinic	1/23/2021 10:00 AM	1/23/2021 11:00 AM	60	Book
Bread for the City – Medical Clinic	1/23/2021 12:00 PM	1/23/2021 1:00 PM	60	Book
Bread for the City – Medical Clinic	1/23/2021 1:00 PM	1/23/2021 2:00 PM	60	Book

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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Please confirm your booking within : 174 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 *


1/21/2021 2:00 PM

End Time *

1/21/2021 3:00 PM

Submit


Back



Email Confirmation

After successfully booked, you will see this confirmation message. Please check your email for a confirmation with full details.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

Your booking is confirmed. You will receive an email confirmation within the next 20 minutes with full details. After 20 minutes, 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.

The subject of the email is: **COVID Vaccine Notification - Booking Confirmation**. Be sure to check your SPAM or JUNK folder. After 20 minutes, if you are unable to find the email, please email vaccinatedc@dc.gov for assistance.

NO-REPLY-DEV-VRAS <no-reply-dev-vas@dc.gov> 12:00 PM (16 minutes ago)
to me ▾

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: 04654-J1G6B
Vaccination Location: Bread for the City – Medical Clinic
1525 7th St NW
Washington, DC 20001
Start Time: 1/21/2021 2:00 PM EST
End Time: 1/21/2021 3:00 PM EST

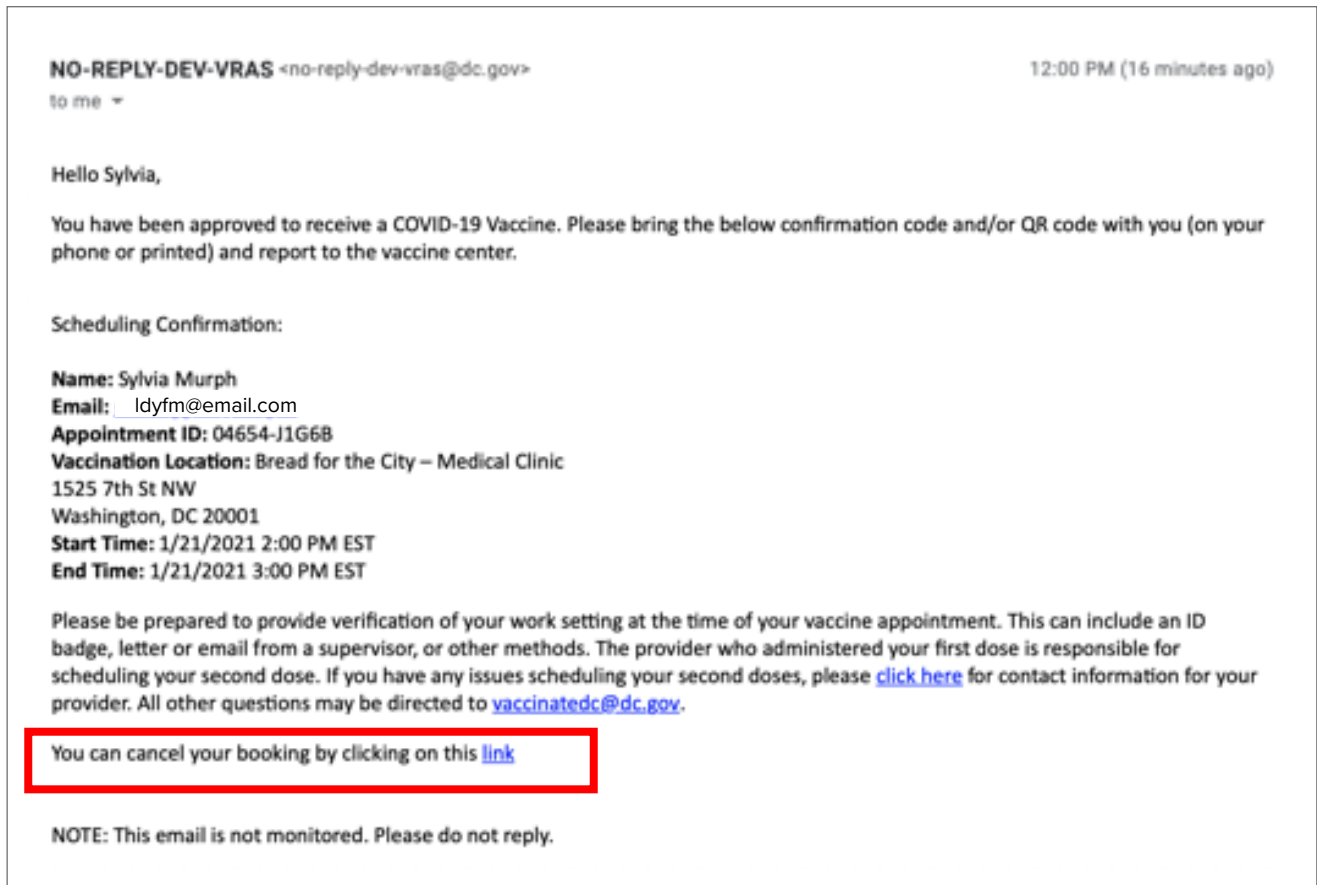
Please be prepared to provide verification of your work setting at the time of your vaccine appointment. This can include an ID badge, letter or email from a supervisor, or other methods. The provider who administered your first dose is responsible for scheduling your second dose. If you have any issues 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](#)

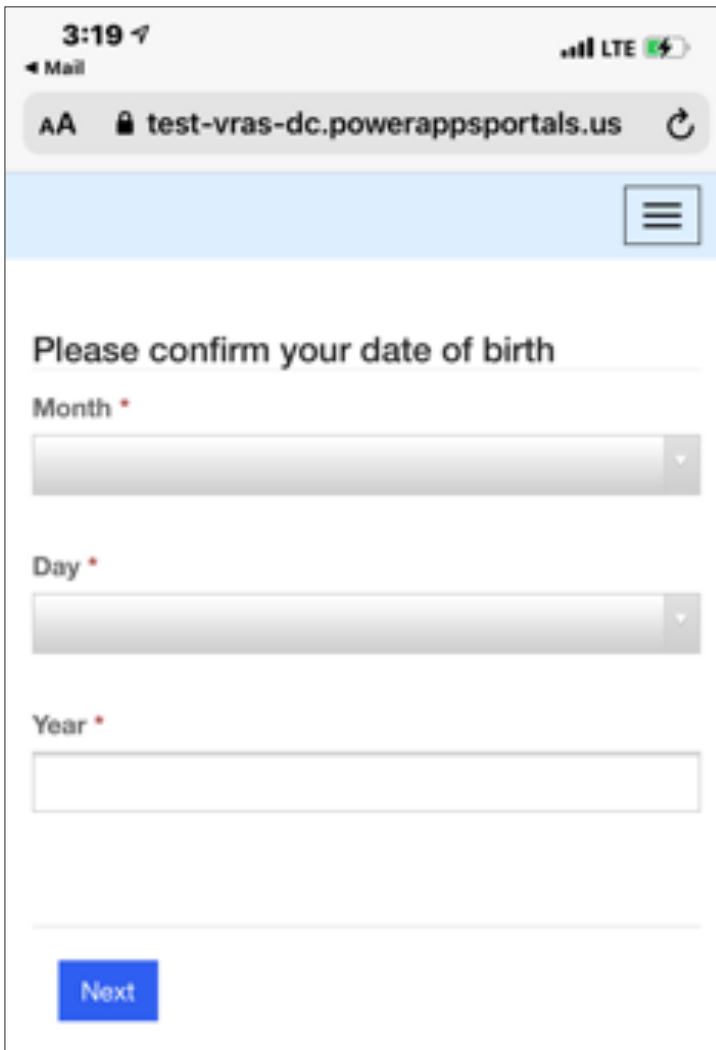
NOTE: This email is not monitored. Please do not reply.

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.



2. Confirm your date of birth.



The screenshot shows a mobile web browser interface. At the top, the status bar displays the time 3:19, LTE signal, and battery level. Below the status bar, the browser's address bar shows the URL "test-vras-dc.powerappsportals.us". A blue header bar contains a menu icon. The main content area has a title "Please confirm your date of birth" followed by three input fields: "Month", "Day", and "Year", each with a red asterisk indicating it is required. The "Month" and "Day" fields are dropdown menus, while the "Year" field is a text input. A blue "Next" button is located at the bottom left of the form.

3:19 LTE

Mail

AA test-vras-dc.powerappsportals.us

Menu

Please confirm your date of birth

Month *

Day *

Year *

Next

3. Enter the CAPTCHA code shown.

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Name
Sylvia Murph


Appt ID
04654-J1G6B

Start Time *
1/21/2021 2:00 PM

Date of Birth
6/4/1940

Vaccination Location *
Bread for the City – Medical Clinic

End Time *
1/21/2021 3:00 PM


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

Enter the code from the image

[Next](#)

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 further 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