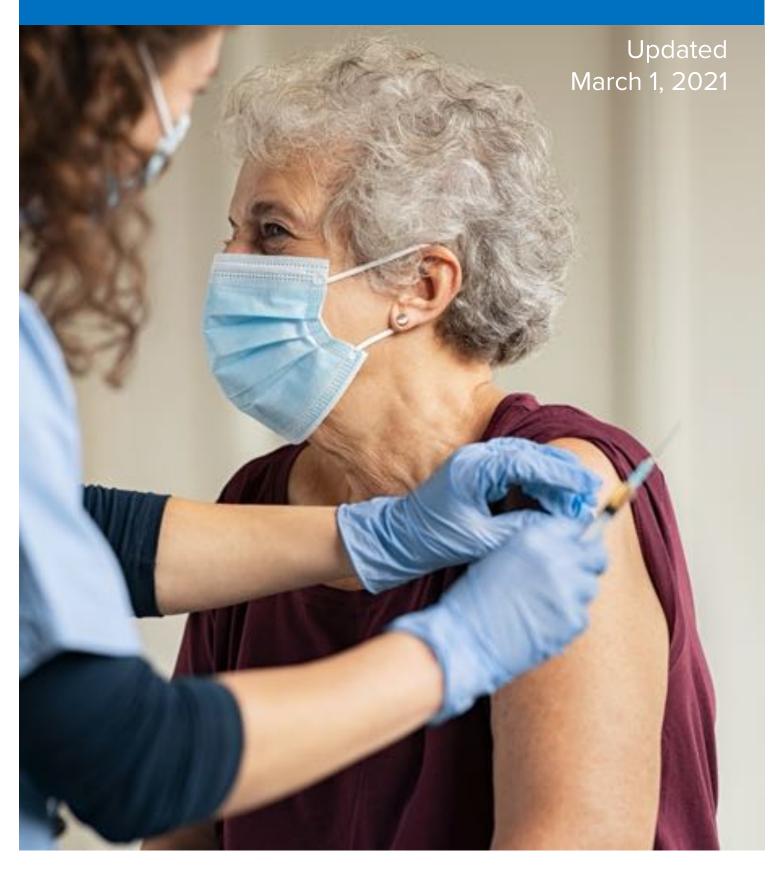
## **Vaccination Appointment Guide**



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







## 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.

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

### **Before You Start:**

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

You will be asked for your email to receive your appointment confirmation. Prior to registering, make sure to have an email that you have access to.



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

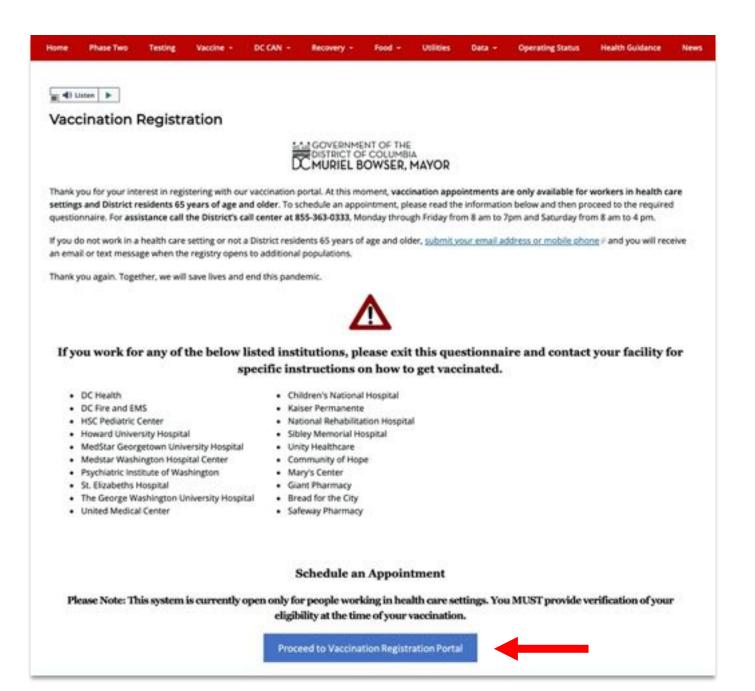
vaccinate.dc.gov v.01/27/2021







 From <u>vaccinate.dc.gov</u>, click Proceed to Vaccination Registration Portal 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).







#### Waiting Room

Depending on the volume of residents visiting the site, you may encounter this screen which means 3,000 people are already in the portal selecting their appointments. The screen will automatically refresh every 30 seconds so no need to refresh the page yourself. Once a spot opens, you will move on to Step 2.



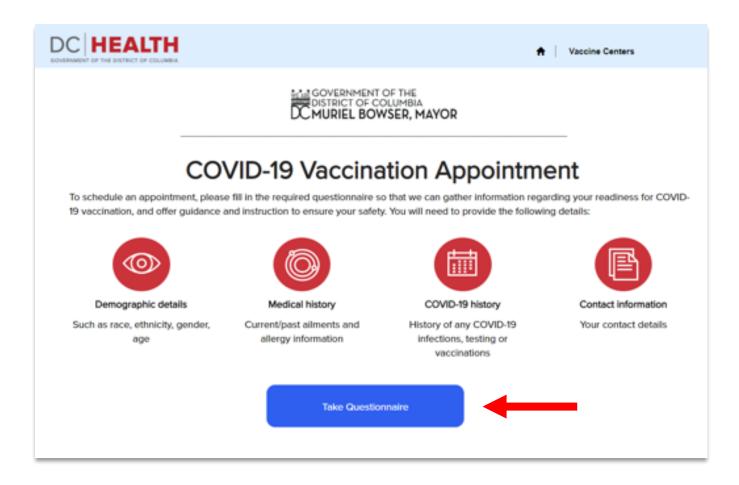






2. You are now on the **COVID-19 Appointment Portal**. Review and gather the information needed to make an appointment.

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









3. Begin by answering if you are a resident or non-resident that works in **DC.** Click the arrow (▼) on the right-hand side of the box. You will see three choices to determine your eligibility. Pick the one that is true for you.

DC HEALTH	
his questionnaire is designed to gather Ind instruction to ensure your safety.	r information regarding your readiness for COVID-19 vaccination, and offer guida
Are you a District Resident or Work in the Distri	ct of Columbia? *
District Resident	,
Vork-related Information Do you work in one of the following settings?*	

4. Once you have been qualified, continue with the questions. 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 the questions that have a red asterisk\*.

**Note:** For District of Columbia 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.







#### 5. On the same page you will then be asked Medical Information

View the list of medical conditions. If you see your condition on the list, select **Yes**. Click **Next** to continue.

If you selected any of the above work settings, you must bring verification to your appointment (work ID badge, letter from your employer, copy of provider license, pay stub or other means of verification).

ave you had any severe reaction to a vaccine before? No O Yes	
re you under isolation or guarantine for COVID-19 at this moment?	
No O Yes	
fill this be your first COVID-19 vaccine dose?	
No 🖲 Yes	
ave you been diagnosed with one of the following medical conditions by your healthcare provider? *	
Asthma	
<ul> <li>Chronic Obstructive Pulmonary Disease (COPD), and other Chronic Lung Disease</li> </ul>	
Bone Marrow and Solid Organ Transplantation	
Cancer	
Cerebrovascular Disease	
Chronic Kidney Disease	
Congenital Heart Disease	
Diabetes Mellitus	
<ul> <li>Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies</li> </ul>	
• HV	
Hypertension	
Immunocompromised State	
Inherited Metabolic Disorders	
<ul> <li>Intellectual and Developmental Disabilities</li> </ul>	
Liver Disease	
Neurologic Conditions	
<ul> <li>Obesity, BMI ≥ 30 kg/m2</li> </ul>	
Pregnancy	
Severe Genetic Disorders	
Sickle Cell Disease	
Thalassemia	

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











6. On the next page, 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 in line 1\*

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBA	Sign in
his questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer	guidance
and instruction to ensure your safety. Gearch for your address or enter it manually.	
Address Search & Select (just start typing your address)	
Address Line 1 *	
Apartment, Suite, Unit Number	
City *	
State/Province *	
	~
Postal Code *	







7. Further down the page, enter your personal details such as name, email address, phone number, etc. All the fields marked with red asterisk (\*) are required. After filling in the information, click **Next.** 

First Name *	
li Norr de	
Middle Name	
Last Name *	
Email Address *	
Confirm Email Address *	
Additional Contact (if different from resident)	
Phone Number *	
Consent for texting * No O Yos Do you prefer to be contacted by phone? * No O Yos Gender *	
	~
Race *	
	×
If other race, please specify	
≌ other race, please specify	
If other race, please specify Please describe your ethnicity *	
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8. If you have forgotten to complete a required question or a question wasn't answered correctly, a message will appear and provide you instructions on how to fix it. Make the corrections, and then click **Next**.



#### 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.













- 9. You will be prompted to verify the information. Check the form to make sure everything is correct.
  - If the information is not correct, select **Previous** to return to your form and make changes.
  - If the information is correct, select the **I verify that the above information is accurate** check box, and then select **Next.**

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 or vaccination program. A copy of our privacy policy can be found by clicking here.

I ver	ify that the	above	information	is accurate *	
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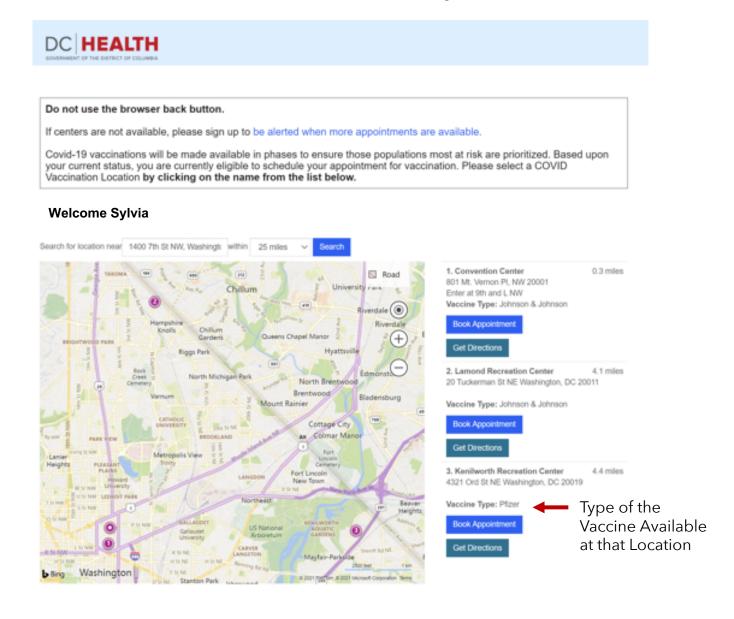






**10. Find a location.** On this page, choose a vaccination location that works for you by clicking **Book Appointment** next to the desired location.

You can also 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.



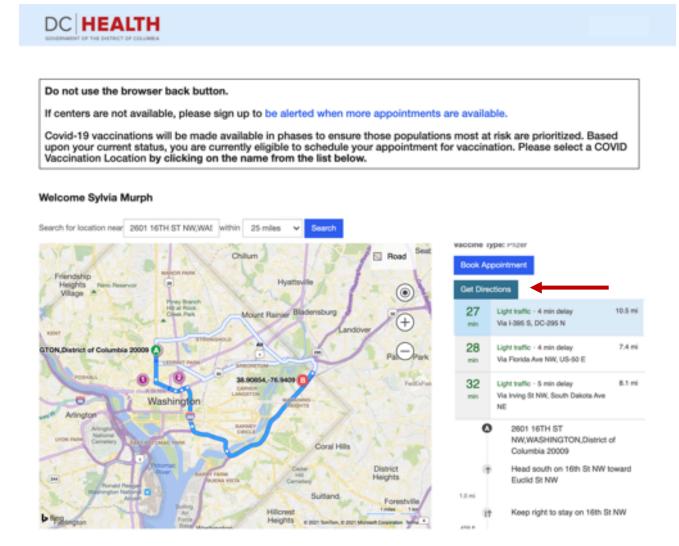








11. Click **Get Directions** for a location to generate a map containing directions from where you are to the appointment address.











**12. Select an appointment.** Once you select your location, you will see a list of available appointments. Click "Book" to make your appointment.

DC HEALTH				
BOVERNMENT OF THE DISTRICT OF COLUMBA				
If appointments are NOT available, please use the <b>Change Location</b> button to select other centers. If no other centers are available, please sign up to be alerted when more appointments are available.				
(examples may include assisting	below is based on your local tim g a family member register for a se verify your appointment time i	vaccine.) Your email conf	firmation will include the til	me as
Date Range	Location	Start Time 🕇	End Time	Select
From	Kenilworth Recreation Center	03-07-2021 09:00 AM	03-07-2021 10:00 AM	Select
03/04/2021	Kenilworth Recreation Center	03-08-2021 09:00 AM	03-08-2021 10:00 AM	Select
To 03/14/2021	Kenilworth Recreation Center	03-09-2021 09:00 AM	03-09-2021 10:00 AM	Select
Apply Change Location	Kenilworth Recreation Center	03-09-2021 10:00 AM	03-09-2021 11:00 AM	Select
<b>▲</b>	Kenilworth Recreation Center	03-09-2021 12:00 PM	03-09-2021 12:00 PM	Select
	Kenilworth Recreation Center	03-09-2021 01:00 PM	03-09-2021 01:00 PM	Select
	Kenilworth Recreation Center	03-09-2021 02:00 PM	03-09-2021 02:00 PM	Select
		< 1 2 3 4 >	]	



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.





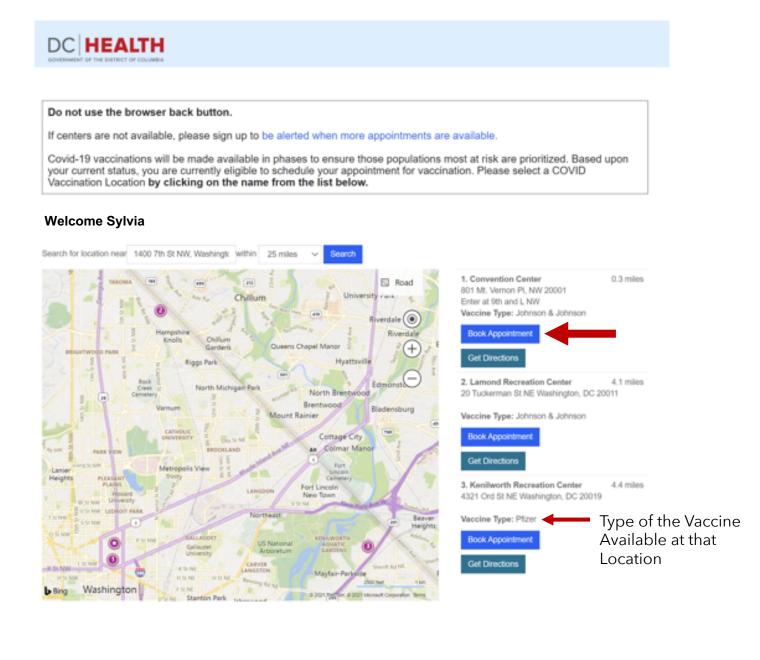






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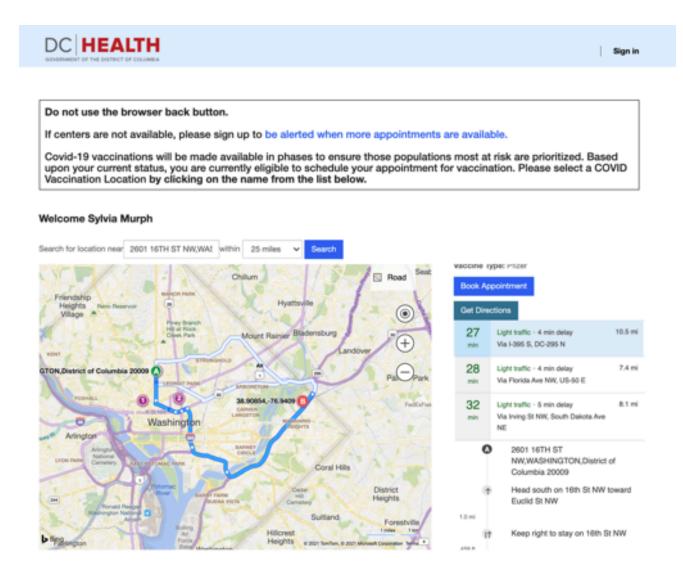








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DOULEALTH				
DC HEALTH				
If appointments are NOT available, please use the <b>Change Location</b> button to select other centers. If no other centers are available, please sign up to be alerted when more appointments are available.				iters are
(examples may include assisting	below is based on your local tim g a family member register for a se verify your appointment time i	vaccine.) Your email conf	firmation will include the ti	me as
Date Range	Location	Start Time 🕇	End Time	Select
From	Kenilworth Recreation Center	03-07-2021 09:00 AM	03-07-2021 10:00 AM	Select
03/04/2021	Kenilworth Recreation Center	03-08-2021 09:00 AM	03-08-2021 10:00 AM	Select
To 03/14/2021	Kenilworth Recreation Center	03-09-2021 09:00 AM	03-09-2021 10:00 AM	Select
Apply Change Location	Kenilworth Recreation Center	03-09-2021 10:00 AM	03-09-2021 11:00 AM	Select
<b></b>	Kenilworth Recreation Center	03-09-2021 12:00 PM	03-09-2021 12:00 PM	Select
	Kenilworth Recreation Center	03-09-2021 01:00 PM	03-09-2021 01:00 PM	Select
	Kenilworth Recreation Center	03-09-2021 02:00 PM	03-09-2021 02:00 PM	Select
		< 1 2 3 4 >		



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. On the next page, a message will appear stating that your booking is confirmed along with your appointment details, such as your name, ID, start time, vaccine location, address, and QR code.



Your booking is confirmed. Please print or screen shot this page as your confirmation. If you need additional assistance, please contact DC Health at vaccinatedc@dc.gov.

Name Sylvia Murph

Appt ID 63472-Y4N5G

Start Time 03/09/2021 09:00 AM

Vaccine Location Kenilworth Recreation Center

Address 4321 Ord St NE Washington, DC 20019



Booked On: 03/04/2021 11:12 PM System Time Zone: America/New\_York







#### **Email Confirmation**

You will also receive an email confirmation with your appointment details.

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 <u>vaccinatedc@dc.gov</u> for assistance.

#### Hello Sylvia, You have been

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: ladyfmy@email.com Appointment ID: 63472-Y4N5G Vaccination Location: Kenilworth Recreation Center in partnership with Giant 4321 Ord St NE Washington, DC 20019 Start Time: 3/9/2021 9:00 AM EST End Time: 3/9/2021 10:00 AM EST

Please bring personal identification and insurance card, if available, and arrive no more than 15 minutes prior to your appointment. The provider who administered your first dose is responsible for scheduling your second dose, if applicable, and will communicate with your return date at the time of your first appointment. All sites are ADA accessible. If you must cancel your appointment, it cannot be rescheduled; you will need to reregister for a new one. Due to high volume, please do not call the sites directly. For any questions, please contact vaccinatedc@dc.gov or the DC Health Call Center 1-855-363-0333.

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











## **Further Assistance**

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







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

You may also call the District's call center at **855-363-0333**, to **cancel your appointment** or assistance with vaccine registration.

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







## Appendix

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







The system is set by default to show appointments in two week increments to align with how the DC Department of Health typically releases appointments.

However, in some cases an additional few days or weeks may be added beyond this two week period. Users should expand their date search using the calendar functions below.

**Note:** We are working to show all available appointments in future updates to eliminate this extra step in the future.

If appointments are NOT available, plea available, please sign up to be alerted of	se use the Change Location button to select other centers. If no other centers are when more appointments are available.
(examples may include assisting a famil	s based on your local time zone if you are currently outside of Washington DC area ly member register for a vaccine.) Your email confirmation will include the time as y your appointment time if you are utilizing this system outside of the DC area.
Date Range	
isen.	Sorry, there are no slots available
10/19/2029 🛅	Please of scattery
04/04/2021 📫	
Appy Durings Location	







With the high volume of people scheduling at the same time, an available appointment might be booked seconds ahead of you.

You should click the "Try Again" button and look for another available appointment.

