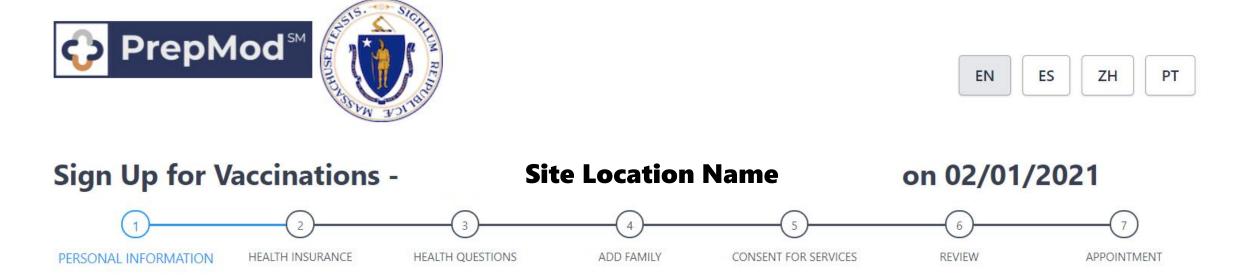
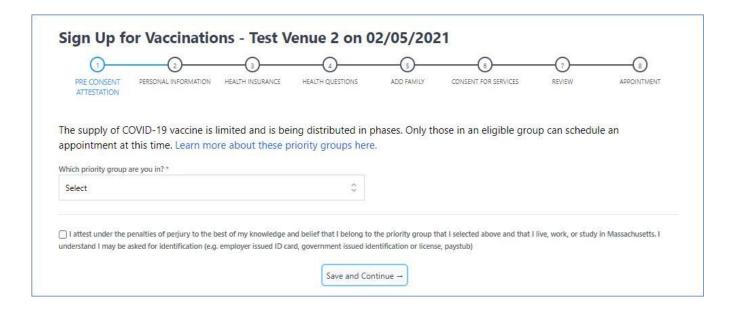
PrepMod Registration: Public Facing Experience

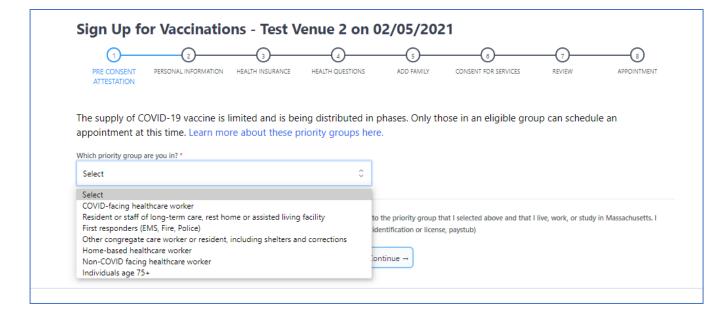




This training presentation was prepared by Kristin Black, Health Agent, Town of Northborough. This presentation shows the general public experience with online registration through PrepMod.

Step 1: Pre Consent Attestation





Step 2: Personal Information

Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older

irst Name *								Middle Initia	I					
.ast Name *				Suffix				Mother's Ma	iden Na	me *				
				Select			\$							
• ************************************												2000		
Race * Select	0	Tribal Affiliation	on Ç	Ethnicity * Select	٥	Occupation * Select	٥	Date Of Birth Month	٥	Day 🗘	Year (Age	Gender*	0
Select	~	Select	× .	Select	×	Select	~	Worth	~	Day Q	real		Select	
mail Address	s*			Retype Email Ad	ldress *	kş		Primary Phor	ne Num	ber *		Phone Number	Type *	
												Select		
Address *				City *				State *				Zip Code *		
											0			
County *														
County * Select							\$							

Save and Continue →

Step 3: Health Insurance

The vaccine is being provided at no cost by the government. Your insurance will be charged for the costs of administering your vaccination.

Insurance Type *						Insurance Company Name			
Select					\$				
Member ID Numbe	er					Group Number			
Medical Assistance	Number, Re	cipient Number, c	or any other no	umber on card		Policy Holder First Name	Policy Holder Last Name		
Policy Holder Date of Birth					Policy Holder Relation to Client				
Month	٥	Day	0	Year	÷	Select		٥	
Upload the FRONT of your insurance card					Upload the BACK of your insurance card				
Choose File No file chosen					Choose File No file chosen				
or drag and drop					or drag and drop				

Save and Continue -

Uploading Insurance Card NOT REQUIRED

Step 4: Health Questions

Do any of the following apply to you?

Is this your first or second COVID-19 vaccination? *

○ First ○ Second

Are you feeling sick today? *

○ Yes ○ No ○ I don't know

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? *

○ Yes ○ No ○ I don't know

Have you received another vaccine in the last 14 days? *

○ Yes ○ No ○ I don't know

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? *

○ Yes ○ No ○ I don't know

Are you pregnant or breastfeeding? *

○ Yes ○ No ○ I don't know

Was the severe allergic reaction after receiving another vaccine or another injectable medication? *

○ Yes ○ No ○ I don't know

When scheduling second dose, choose Second!

Have you ever received a dose of COVID-19 vaccine? If yes, which vaccine product?

| Pfizer | Moderna | Another products | Pfizer | Pfize

○ Yes ○ No ○ I don't know

Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? *

○ Yes ○ No ○ I don't know

Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? *

○ Yes ○ No ○ I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *

○ Yes ○ No ○ I don't know

Was the severe allergic reaction after receiving a COVID-19 vaccine? *

○ Yes ○ No ○ I don't know

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.

Bac

Save and Continue

Step 5: Consent for Services

Please select the desired vaccine for each patient

Vaccines for: Fake Last *

☐ Moderna COVID-19 Vaccine (EUA Fact Sheet)

If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated

CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

In signing this form, I give permission for me and my family to be vaccinated, and the vaccination to be entered into ImmuNet, Maryland's immunization registry. Further, I agree that:

- (1) The information provided is correct
- (2) I have read the EUA Fact Sheet provided
- (3) I understand the risks and benefits of getting the vaccine(s) and consent for me and my family to be vaccinated
- (4) Any questions I had about the vaccine(s) have been answered;

SIGN M	TY NAME	TYPE MY FULL NAME
Please sign your name here with your	finger or a mouse *	
	Clear	
Date		
01/30/2021		
Relationship to Patient *	First Name *	Last Name *
Select	\$	



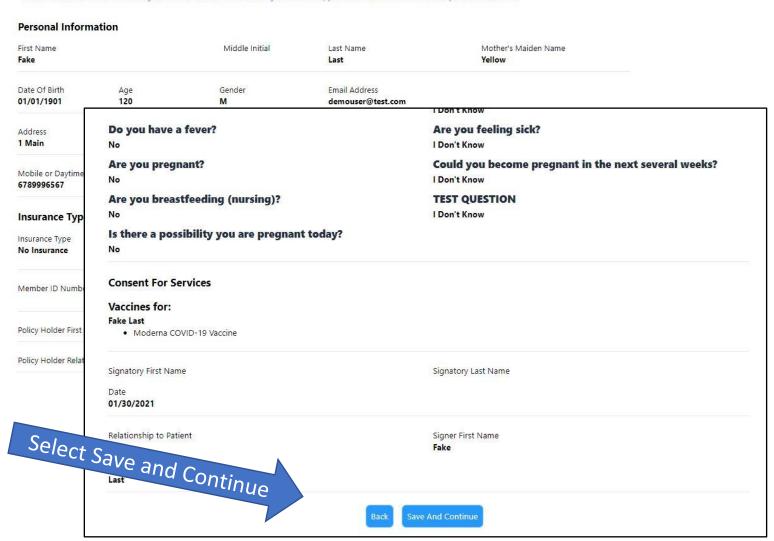
Step 6: Review

Sign Up for Vaccinations - A Venue on 01/31/2021



Review Your Details

Please review all of the details you have entered. To make any corrections, please click Back to return to previous screens.



Step 7: Appointment

Sign Up for Vaccinations - A Venue on 02/02/2021



Please select a time for your appointment

Time	Appointments Available
O8:00 am	3 appointments available
08:12 am	4 appointments available
O8:24 am	5 appointments available
O 8:36 am	5 appointments available
O 8:48 am	5 appointments available
O 09:00 am	5 appointments available
O 09:12 am	5 appointments available
O 09:24 am	5 appointments available
O 09:36 am	5 appointments available
O9:48 am	5 appointments available
0:00 am	5 appointments available
) 10:12 am	5 appointments available
O 1:36 pm	5 appointments available
01:48 pm	5 appointments available
Add To Waiting List	Someone will contact you about your appointment.

Save and Continue -

Appointment Confirmation

