

PrepMod Registration: Public Facing Experience



Sign Up for Vaccinations -

Site Location Name

on 02/01/2021



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

Sign Up for Vaccinations - Test Venue 2 on 02/05/2021



The supply of COVID-19 vaccine is limited and is being distributed in phases. Only those in an eligible group can schedule an appointment at this time. [Learn more about these priority groups here.](#)

Which priority group are you in? *

I attest under the penalties of perjury to the best of my knowledge and belief that I belong to the priority group that I selected above and that I live, work, or study in Massachusetts. I understand I may be asked for identification (e.g. employer issued ID card, government issued identification or license, paystub)

Save and Continue →

Sign Up for Vaccinations - Test Venue 2 on 02/05/2021



The supply of COVID-19 vaccine is limited and is being distributed in phases. Only those in an eligible group can schedule an appointment at this time. [Learn more about these priority groups here.](#)

Which priority group are you in? *

- Select
- COVID-facing healthcare worker
- Resident or staff of long-term care, rest home or assisted living facility
- First responders (EMS, Fire, Police)
- Other congregate care worker or resident, including shelters and corrections
- Home-based healthcare worker
- Non-COVID facing healthcare worker
- Individuals age 75+

I attest under the penalties of perjury to the priority group that I selected above and that I live, work, or study in Massachusetts. I understand I may be asked for identification or license, paystub)

Continue →

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

First Name * Middle Initial

Last Name * Suffix Mother's Maiden Name *

Race * Tribal Affiliation Ethnicity * Occupation * Date Of Birth * Age Gender *

Email Address * Retype Email Address * Primary Phone Number * Phone Number Type *

Address * City * State * Zip Code *

County *

[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 *

Select

Insurance Company Name

Member ID Number

Group Number

Medical Assistance Number, Recipient Number, or any other number on card

Policy Holder First Name

Policy Holder Last Name

Policy Holder Date of Birth

Month

Day

Year

Policy Holder Relation to Client

Select

Upload the FRONT of your insurance card

Choose File No file chosen

Upload the BACK of your insurance card

Choose File No file chosen

or drag and drop

or drag and drop

Do you have secondary insurance? Yes No

Back

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 product? *

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.

Back

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 MY NAMETYPE MY FULL NAME

Please sign your name here with your finger or a mouse *

Clear

Date
01/30/2021

Relationship to Patient *
Select

First Name *

Last Name *

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.

Personal Information

First Name **Fake** Middle Initial Last Name **Last** Mother's Maiden Name **Yellow**

Date Of Birth **01/01/1901** Age **120** Gender **M** Email Address **demouser@test.com**

Address
1 Main

Mobile or Daytime
6789996567

Insurance Type

Insurance Type
No Insurance

Member ID Number

Policy Holder First Name

Policy Holder Relationship

Do you have a fever?

No

Are you pregnant?

No

Are you breastfeeding (nursing)?

No

Is there a possibility you are pregnant today?

No

Consent For Services

Vaccines for:

Fake Last

- Moderna COVID-19 Vaccine

Signatory First Name

Date

01/30/2021

Relationship to Patient

Last

I Don't Know

Are you feeling sick?

I Don't Know

Could you become pregnant in the next several weeks?

I Don't Know

TEST QUESTION

I Don't Know

Signatory Last Name

Signer First Name

Fake

Step 6:
Review

Select Save and Continue

Back

Save And Continue

Step 7: Appointment

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



Please select a time for your appointment

Time	Appointments Available
<input type="radio"/> 08:00 am	3 appointments available
<input type="radio"/> 08:12 am	4 appointments available
<input type="radio"/> 08:24 am	5 appointments available
<input type="radio"/> 08:36 am	5 appointments available
<input type="radio"/> 08:48 am	5 appointments available
<input type="radio"/> 09:00 am	5 appointments available
<input type="radio"/> 09:12 am	5 appointments available
<input type="radio"/> 09:24 am	5 appointments available
<input type="radio"/> 09:36 am	5 appointments available
<input type="radio"/> 09:48 am	5 appointments available
<input type="radio"/> 10:00 am	5 appointments available
<input type="radio"/> 10:12 am	5 appointments available
<input type="radio"/> 01:36 pm	5 appointments available
<input checked="" type="radio"/> 01:48 pm	5 appointments available
<input type="radio"/> Add To Waiting List	Someone will contact you about your appointment.

Find Another Location

Back

Save and Continue →

Appointment Confirmation

The screenshot shows the Maryland Department of Health website. At the top, the logo for the Maryland Department of Health is visible, along with language selection buttons for EN, ES, ZH, and PT. The main heading reads "Welcome to the Maryland Vaccination Sign Up". A white confirmation message box is centered on the page, containing the text: "Thank you for your registration. A confirmation email has been sent to your email address." and an "Okay" button. Below the message box, there are four blue buttons: "Registration Sign Up", "News & Notification Sign Up", "Employer Registration", and "Provider Registration". A partial image of a person in a pink shirt is visible on the right side of the page.

Email Confirmation

The screenshot shows a Gmail interface. On the left is a navigation sidebar with folders: Compose, Inbox (4,004), Starred, Snoozed, Important, Sent, Drafts (199), Categories, Social, and Meet. The main area displays an email titled "Your Vaccination Appointment is Confirmed!". The sender is "Vaccination Clinics <no-reply@multistatep4p.com>". The email body contains the following information:

- Fake Last**
- This message is to confirm that Fake Last is scheduled for a vaccination appointment at:
- Venue/Location:** A Venue
- Address:** 2 fairground way, bozeman, montana, 59715
- Date:** 01/31/2021
- Time:** 10:00 am
- Appointment:** [Reschedule](#) | [Cancel](#)

The email concludes with "We look forward to seeing you!" and "Your Vaccination Provider". At the bottom of the email are "Reply" and "Forward" buttons.

Email contains links to Reschedule and Cancel