

INSTRUCTION ON HOW TO CREATE AN ACCOUNT & SCHEDULE AN APPOINTMENT

Step 1: Visit Commvax.Patientportalfl.com

Step 2: Select “Click Here to Register”

**Welcome to
FL Vax™
Vaccination Registration
for Communities**

[Click Here to Register](#)

By clicking on the button above you will be able to register to get a vaccine at a local community vaccination site. You do not need an appointment for your community vaccination. By registering in advance you will expedite your experience once you arrive at the location for your vaccine. Please follow the instructions at the end of the registration for further information. Please note, the daily vaccine supply is limited and is on a first-come-first-serve basis.



Step 3: Complete the Registration Form to Create your Account.

- a. Enter your **Basic Information:** First Name, Last Name, Date of Birth, Phone, Email, Username and Password.
- b. Click **Next**.

FAST, ACCURATE, CONVENIENT.

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Basic Info

Do you need to register any minors or wards today?(After completing your registration below, you will register them)

Yes

***First Name**

Patient

***Last Name**

Ztest1

***Date of Birth**

2/5/1930

***Phone (for calls)**

5555555555

This is an International Phone Number

Opt in to SMS(Text) notifications

Mobile Same As Phone

Mobile (for SMS)

Opt in to email notifications

*Email
testingsalesforceuat+63@gmail.com

*Confirm Email
testingsalesforceuat+63@gmail.com

I don't have an Email

*Username
testingsalesforceuat+63@gmail.com

*Create Password
.....

*Confirm Password
.....

Next

****If using the same email address to create multiple accounts, please make sure to use a unique username for each account.**

- c. Enter your **Home Address:** Country, Street, City, State, and Postal Code.
 - a. Click **Next**.

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Basic Info Home Address Demographics Insurance Information Acknowledgements

Home Address
Search for your Home Address (Enter Zip Code if there are no results for your Street Address)

Country

Street (include Apt/Suite after street, if necessary)

City State

Postal Code

- d. Enter your **Demographics**: Gender, Race, Ethnicity, and indicate if you live with 2 or more people.?
 - a. You can decline to answer any of these questions.

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Demographics

Gender

Female ▾

Decline to answer

Race

White ▾

Decline to answer

Ethnicity

Non-Hispanic ▾

Decline to answer

Do you live in a house with 2 or more people?

Yes ▾

Decline to answer

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- e. Enter your **Insurance Information**.
 - a. Insurance Information is not a required, you can decline to answer.
 - b. Click **Next**.

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Insurance Information

If you are being tested or vaccinated at a State run or supported site, the State of Florida is attempting to collect and bill insurance, where available, to help cover the cost of testing and vaccination statewide and to meet its requirements for FEMA reimbursement. At no time will you be billed any out-of-pocket expenses for copays, deductibles, or any difference in the cost of test versus what the insurance pays.

Decline to answer

Primary Billing Insurance

Primary Insurance Search

My Insurance Carrier is not listed

- f. **Complete the Acknowledgements** by selecting the boxes.
- a. Click **Sign Up** to finish creating your account.

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Acknowledgements

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

- * I am 18 years of age or older.
- * I have read and understood the information provided.
- * I have read and understand and will abide by the [CDR Maguire Terms and Conditions](#), [Privacy Policy](#), and [HIPAA Privacy Notice](#). I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.
- * I have read and understand my waiver of liability on the [Ordering Provider](#).
- I agree to and provide [Authorization for Use of PHI](#).
- I provide my [Consent](#) for CDR to Contact.

[Sign Up](#)

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Step 4: Confirm Your Information.

- a. Click **Edit** to go back and edit your information.
- b. Click **Confirm** to finish creating your account.

Confirm Your Information

First Name: Patient

Last Name: Ztest63

Email: testingsalesforceuat+63@gmail.com

Username: testingsalesforceuat+63@gmail.com

Gender: Female

Race: White

Ethnicity: Non-Hispanic

Opt in to SMS(Text) notifications: Yes

Opt in to email notifications: Yes

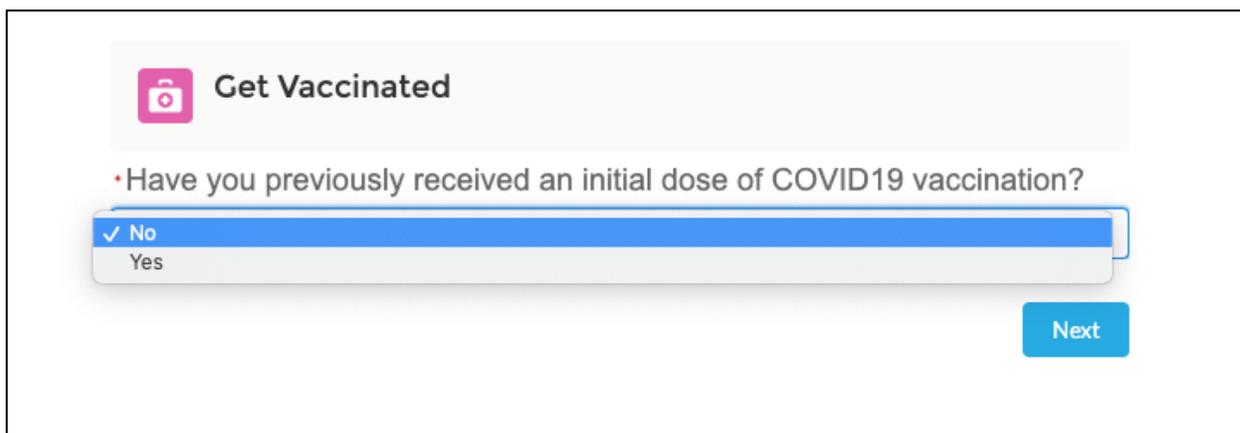
Date of Birth: February 13th, 1945

Phone: (305) 479-0641

Edit Confirm

Step 5: Answer the **Get Vaccinated** question.

- a. If the answer is **No**, continue to the liability questions.
- b. Click **Next**.



The screenshot shows a mobile application interface for 'Get Vaccinated'. At the top left is a pink icon of a first aid kit. To its right is the text 'Get Vaccinated'. Below this is the question: '•Have you previously received an initial dose of COVID19 vaccination?'. A dropdown menu is open, showing two options: 'No' with a checkmark and 'Yes'. To the right of the dropdown is a blue button labeled 'Next'.

- c. If the answer is **Yes**, enter the information regarding your 1st vaccine
 - a. (Use the **CDC Vaccination Card** provided after receiving your 1st vaccine.)

 Get Vaccinated

*Have you previously received an initial dose of COVID19 vaccination?

*Vaccine Manufacturer
 Pfizer
 Moderna

*Lot Number

*Date of Vaccination ⓘ

Please bring your CDC vaccination card with you to your vaccination appointment.

Step 6: Complete the **COVID-19 Consent and Liability Release**.

- a. Using your computer mouse, stylus pen, or finger, **sign** your name in the “Sign Here” box.
- b. Click **Next**.

 COVID-19 Consent and Liability Release

By signing this COVID-19 Consent and Liability Release, or by confirming verbally your consent if registering in person at a vaccination site, you agree and attest to the following:

- I certify that all the information I provided to CDR Health, including my medical history, is accurate and correct.
- I certify that I am: (a) the patient and at least 18 years of age; (b) the parent or legal guardian of the patient and confirm that the patient is at least 16 years of age; or (c) authorized to consent for vaccination for the patient named above. Further, I hereby give my consent to CDR Health, CDR Maguire, and the Florida Department of Health (DOH) or its agents to administer the COVID-19 vaccine.
- I understand that this product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease (COVID-19) for use in individuals 16 years of age and older for Pfizer and 18 years of age and older for Moderna; and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.
- I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine have been received, read and/or had explained to me on the EUA Fact Sheet on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
- I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.
- On behalf of myself, my heirs, and personal representatives, I hereby release and hold harmless CDR Health, CDR Maguire, any authorizing provider, and the State of Florida, the Florida Department of Health (DOH), and their staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above including but not limited to injury, loss, or death from or related to COVID-19 or the COVID-19 vaccine.

CDR or its agents with respect to the above requested items and services.

- I acknowledge receipt of and agree to abide by the CDR Maguire Terms and Conditions, Privacy Policy, and HIPAA Privacy Notice and the Florida Department of Health Notice of Privacy Practices and hereby provide my express consent and authorization to release my personal health information.
- I consent to be contacted by CDR Maguire and CDR Health in the future to offer me additional services and information including but not limited to clinical services and voluntary participation in research studies.
- I understand that I may be assigned an authorized provider for the purpose of receiving this vaccination and I acknowledge and understand that any authorized provider assigned to me for such purposes and listed as an authorized provider, will serve the sole and limited purpose of authorizing the administration of your COVID-19 vaccine and that such authorized provider is not my physician or healthcare professional for any other purpose and is not required to and shall not provide me with any healthcare services or provide any follow up care. I further agree to indemnify and hold harmless the authorizing provider from any and all claims whether known or unknown arising out of the administration of the COVID-19 vaccine.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Sign Here



Step 7: Complete the **Relevant Medical History** questions.

- a. If you have a history of severe allergic reactions to COVID-19 vaccine or components of the vaccine, received antibody therapy within the last 90 days, or have a history of allergic reactions to injectable medications, you will not be allowed to receive the COVID-19 vaccine.

 Relevant Medical History

* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to the COVID-19 Vaccine or any component (e.g. polyethylene glycol [PEG]) of the COVID-19 Vaccine?

No Yes

* Have you had any COVID-19 Antibody therapy within the last 90 days (e.g. Regeneron, Bamlanivimab, COVID Convalescent Plasma, etc.)?

No Yes

* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to other vaccines or other injectable medication (not including the COVID-19 vaccine)?

No Yes

* Do you have any allergic reactions not related to vaccines or other injectable therapies, such as food, pet, venom, environmental allergies, or allergies to oral medications?

No Yes

- b. Your answer to these questions will determine your risk level to the vaccine, and the time suggested to remain in observation after receiving the vaccine.
- c. Click **Next**.

Based on your answers you are low risk for this vaccine. However, in order to ensure your safety, the CDC recommends an observation time after the vaccine is given. For your safety, you will be required to wait an additional **15 minutes of observation**

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Step 8: Select **Arrive at a site at any time of your choice**.

- a. Vaccine supplies are limited, there is no guarantee that there will be enough supply when you arrive.
- b. Click **Next**.

*** Would you like to :**

- Schedule an Appointment for another day
- Arrive at site at anytime of your choice

Please note: vaccine supplies are limited and while we do everything possible to accommodate the daily demand, there is no guarantee that there will be enough supply when you arrive. This is on a first come basis.

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- c. Please print this page, or take a screenshot and bring your **Patient ID (PID) and QR Code to the vaccination site.**



If you want to schedule an appointment, **select schedule an appointment for another day.**

- a. While there is a limited amount of daily appointments, you may arrive at any time throughout the day of your appointment. An appointment confirmation ensures that a vaccine is set aside for you.

***Would you like to :**

Schedule an Appointment for another day

Arrive at site at anytime of your choice

Next

***Would you like to :**

Schedule an Appointment for another day

Arrive at site at anytime of your choice

Please Note: While there is a limited amount of daily appointments, you may arrive at any time throughout the day of your appointment and you will be guaranteed a vaccine an appointment confirmation ensures that a vaccine is set aside for you. Daily appointments are limited. Scheduling an appointment ensures a vaccination is set aside for you on a particular day. You will receive an appointment confirmation after you've successfully completed the appointment process.

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Step 9: Select your **Preferred Location** for your appointment.

a. Click **Next**.

Please select your preferred location below.

Check back later if you are expecting to see a specific location and it is not listed here. It will reappear once additional appointments become available.

[Start Over](#)

Next >

Selected Miami Dade College South

Map Satellite

Miami Dade College South
Address:
11011 SW 104 Street, Miami

Choose A Location That Is Best For You (1)

Miami Dade College South
11011 SW 104 Street, Miami, Florida

Google
Map data ©2021 Terms of Use Report a map error

Step 10: From the drop-down, select your preferred **Date and Time** for your appointment.

The screenshot shows a 'Select Date' interface. At the top right is a blue button labeled 'Change Location'. Below it is a dropdown menu with the text 'February 25, 2021' and a downward arrow. Below the dropdown is a grey button labeled '3:00 PM'.

The screenshot shows the 'Select Date' interface with the dropdown menu open. The menu lists three options: 'February 25, 2021' (which is highlighted with a blue bar and a checkmark), 'February 26, 2021', and 'February 27, 2021'. The 'Change Location' button is visible at the top right.

Step 11: Review your **Appointment Selection**.

- a. Click **Cancel** to select another date and time.
- b. Click **Confirm Selection** to continue.

The screenshot shows a review screen for an appointment. At the top right is a blue button labeled 'Change Location'. Below it is the text: 'Please review your appointment selection below. Press CANCEL to select another date and time.' In the center, there is a large white box containing the following text: 'Vaccine #1', 'February 25, 2021', '3:00 PM - 4:00 PM', 'Miami Dade College South', and '11011 SW 104 Street'. At the bottom left is a red button labeled 'Cancel', and at the bottom right is a blue button labeled 'Confirm Selection'.

Step 12: Please print this page, or take a screenshot, and show the **QR Code** during your scheduled appointment.

- a. Please remember to bring your **Florida Driver's License or Utility Bill for verification of state residency.**

Thank you for scheduling your COVID-19 Vaccination Appointment. Please print this page, or take a screenshot, and show the QR code below during your scheduled appointment time at the vaccination site.

You will need this QR code to check-in at the site.

Please remember to bring your Florida Driver's License or Utility Bill for verification of state residency.

Appointment #1



CDR00919450

karen ztest71
PID: PID-00631543

February 25, 2021 3:00PM - 4:00PM

Miami Dade College South
11011 SW 104 Street
Miami, FL 33176