

CREATE AN ACCOUNT & SCHEDULE AN APPOINTMENT INSTRUCTIONS

Step 1: Visit www.Patientportalfl.com

Step 2: Click “Create an Account”

The screenshot displays the CDR HealthPro website interface. At the top left is the logo "CDR HealthPro™". To the right are navigation links: "Home", "Create An Account", "Find A Location", and a "Log in" button. The main banner features a background image of healthcare workers in blue scrubs and face shields, with the text "WELCOME TO CDR HealthPro™" and "COVID-19 TESTING AND VACCINATIONS". Below the banner is a yellow horizontal bar containing four steps:

- STEP 1**
Create an Account
- STEP 2**
Select Get Tested or Get Vaccinated
- STEP 3**
Register for Your Visit
- STEP 4**
Present Your Code at the Site

Below the steps is the heading "ACCOUNT SIGN-UP" and two buttons: "CREATE ACCOUNT" (highlighted with a red border) and "LOG IN".

Step 3: Complete the Registration Form

- a. Enter the First Name, Last Name, Date of Birth, Phone, Email, Password, Gender, Race, Ethnicity, indicate if you live in a house with 2 or more people, and Occupation.
- b. Select the box if you need to register a minor or ward
 - a. First, parent most complete their registration
 - b. Second, register a minor
- c. For the Insurance related fields, you can **“Decline to Answer”** or select from the drop-down options.
(Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)

FAST, ACCURATE, CONVENIENT.

[Basic Info](#) Home Address Demographics Insurance Information Acknowledgements

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)

Instructions

****If using the same email address to create multiple accounts, please make sure the username is unique to each account**

Opt in to email notifications

***Email**

***Confirm Email**

I don't have an Email

***Username**

***Create Password**

***Confirm Password**

Passwords do not match

Next

FAST, ACCURATE, CONVENIENT.

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

Previous **Next**

Basic Info Home Address Demographics Insurance Information Acknowledgements

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

Occupation

Healthcare Worker ▾

Decline to answer

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- d. **Acknowledge the Consents** by selecting the boxes
- Click on **Sign Up** to complete your Registration Account

FAST, ACCURATE, CONVENIENT.

Basic Info Home Address Demographics Insurance Information Acknowledgements

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.

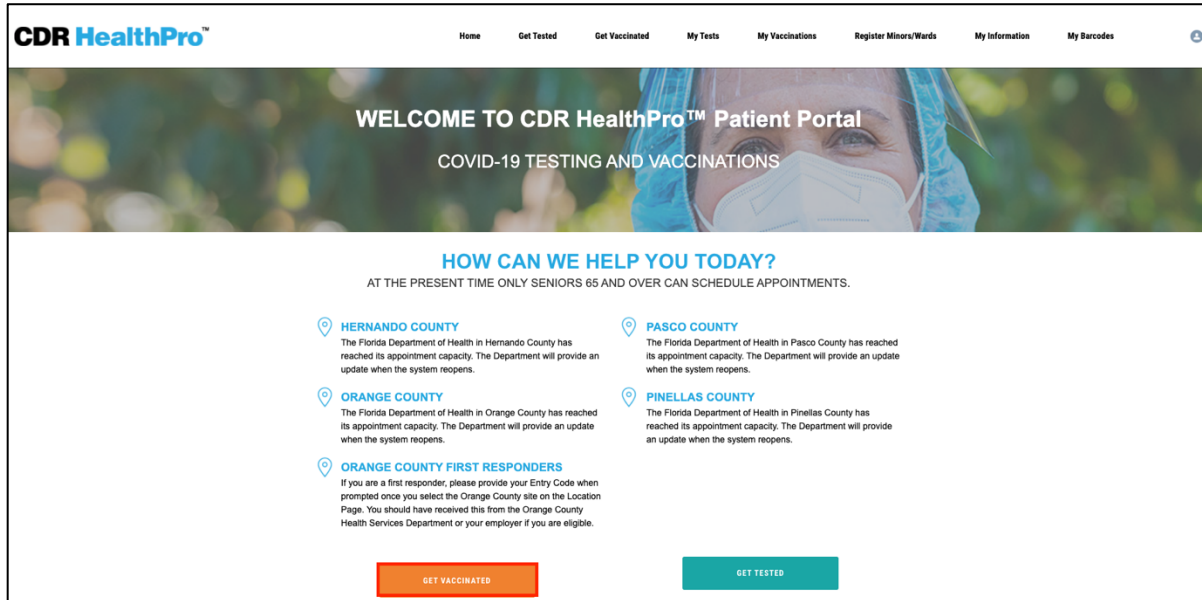
[Sign Up](#)

[Previous](#)

SCHEDULE AN APPOINTMENT

Step 1: After creating your account, the system will automatically open to the Home Page of the Patient Portal

a. Click “Get Vaccinated”



b. Do you have an **Entry Code**: Select **Yes** or **No**

i. If Yes, enter the Entry code provided or the site’s Walkup code

The screenshot shows a form titled "Do you have an Entry Code?". Below the title are two buttons: "No" and "Yes". The "Yes" button is selected. Below the buttons is a text input field with the placeholder text "Please input your entry code". The input field contains the text "PCTESTING". To the right of the input field is a small icon of a document with a pencil. Below the input field is a blue "Next" button.

- c. If you don't have a code, please select **your preferred County** from drop down list
 - i. **Only Counties with available appointments will appear in the drop-down list**

Do you have an Entry Code?

Please Select a County

Hernando

Hernando

Orange

Pasco

Pinellas

ward Speed to make COVID-19 vaccines available in mass

- ii. **“No Appointments available at this time”** message will appear if there are no appointments available in any County

Do you have an Entry Code?

There are no more appointments available at this time.

Step 2: Answer the **Get Vaccinated** question

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


The screenshot shows a form titled "Get Vaccinated" with a pink medical bag icon. The question is "•Have you previously received an initial dose of COVID19 vaccination?". A dropdown menu is open, showing "No" selected with a checkmark and "Yes" below it. A blue "Next" button is located at the bottom right of the form.

- b. If answer is **Yes**, enter the information regarding the 1st vaccine (**Use CDC Vaccination Card**)

The screenshot shows a form titled "Get Vaccinated" with a pink medical bag icon. The question is "*Have you previously received an initial dose of COVID19 vaccination?". The dropdown menu is set to "Yes". Below this are three required fields: "*Vaccine Manufacturer" with radio buttons for "Pfizer" (selected) and "Moderna"; "*Lot Number" with a text input field containing "011L20A"; and "*Date of Vaccination" with a date picker showing "Feb 2, 2021". A note at the bottom reads "Please bring your CDC vaccination card with you to your vaccination appointment." and a blue "Next" button is at the bottom right.

Step 3: Complete the COVID-19 Vaccine Liability Release Waiver.

- d. Select the box if **the form was completed by someone other than the patient and consents were obtained verbally**

 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.


- 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.

- Signature of Patient or Authorized Representative:

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.



This form was completed by someone other than the patient and consents were obtained verbally. If so, please write your name in the signature box below.

Sign Here




Instructions

Step 4: Complete the **Past Medical History, Family Medical History, and Relevant Medical History** questionnaires.

 Past Medical History	 Family Medical History
<p>Check those questions to which you answer yes (leave the others blank). Have you ever had or do you have any of the following health problems?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding tendency <input type="checkbox"/> Blood clots <input type="checkbox"/> Breast disease <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Dental disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Environmental allergies <input type="checkbox"/> GI <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hepatitis 	<p>Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Bleeding or clotting abnormality <input type="checkbox"/> Breast disease <input type="checkbox"/> Cancer <input type="checkbox"/> Connective tissue disorder <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure

- a. If you have a history of severe allergic reactions to components of the vaccines or other injectable medications, had antibody therapy within the last 90 days, had other vaccines in the last 14 days, you will not be able to schedule a COVID-19 vaccine appointment.

 **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? ⓘ

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

*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)? ⓘ

*Have you had any other vaccinations in the last 14 days (e.g. flu vaccine, etc.)? ⓘ

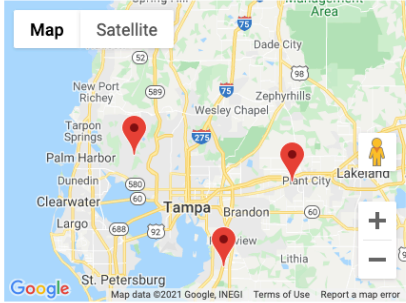
*Do you have any allergic reactions not related to vaccines or other injectable therapies, such as food, pet, venom, environmental allergies, or allergies to oral medications? ⓘ

Step 5: Select the preferred location from the list of vaccination sites

Please select your preferred location below.

NOTE: Choose a location from the list below to view the hours of operation

< Previous



Choose A Location That is Best For You (3)

List of all Vaccination Sites

< Previous

Step 6: Select Date and Time for 1st Appointment

a. The date and time of the **2nd** appointment will be provided

Change Location

Select Date

February 22, 2021

9:00 AM	9:15 AM	9:30 AM	9:45 AM	10:00 AM
10:15 AM	10:30 AM	10:45 AM	11:00 AM	11:15 AM
11:30 AM	11:45 AM	1:00 PM	1:15 PM	1:30 PM
1:45 PM	2:00 PM	2:15 PM	2:30 PM	2:45 PM
3:00 PM	3:15 PM	3:30 PM	3:45 PM	

Step 7: Confirm the details of the 1st and 2nd appointment

Vaccine #1
February 19, 2021
10:00 AM - 3:00 PM

Vaccine #2
March 19, 2021
10:00 AM - 3:00 PM


Vaccination Site
Address to the site

CancelConfirm Selection

Step 8: Once the appointments are selected a **confirmation screen will appear. Print, or screen shot, the QR code** for the first vaccination appointment and present the QR code at check-in during your appointment time slot.

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.

Appointment #1



CDR012345678

Patient's Name

February 19, 2021 10:00AM - 3:00PM

Vaccination Site
Address to vaccination site

CREATE AN ACCOUNT FOR A MINOR/WARD INSTRUCTIONS

Step 1: Register A Minor/Ward

- e. If you forgot to check the “Schedule a Minor or Ward” box during parent/ guardian registration
- f. Click Register a Minor/Ward from the toolbar



- g. **Parent/Guardian most complete the Minor/Ward Registration**
- h. Enter the First Name, Last Name, Gender and Date of Birth of the minor/ward

Minor/Ward Registration

First Name
teen1

Last Name
Ztest125

Legal Guardian Email
testingsalesforceuat+125@gmail.com

Gender
Female
 Decline to answer

Date of Birth
Mar 8, 2005

e. Home Address is populated from parent/guardian's registrations

Home Address

United States ▼

123 OCEAN
APT F222

MIAMI Florida ▼

33444

f. Demographics: Enter the Race, and Ethnicity of the minor/ward

Demographics

Race

White ▲▼

Decline to answer

Ethnicity

Non-Hispanic ▲▼

Decline to answer

g. Communication Preferences are populated from parent/guardian's registration

Communication Preferences

Legal Guardian Mobile

5555555555

Opt in to SMS(Text) notifications

Opt in to email notifications

Language Preference for Calls

English ▲▼

*Legal Guardian Phone

5555555555

Instructions

- h. Insurance Information: you can “**Decline to Answer**” or select from the drop-down options
(*Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.*)

Insurance Information

Decline to answer

Primary Billing Insurance
Select One

Primary Insurance Search
Enter a minimum of 2 letters here
Select One

My Insurance Carrier is not listed

Policy ID No.

Group No.

Insurance Guarantor

- i. Acknowledge the Consent

- j. Click **Sign Up**

Acknowledgements

To register a minor/ward, you must acknowledge as follows:

* I authorize and consent for my minor or ward to receive the COVID-19 vaccine, as ordered by the authorizing provider (or my minor's/ward's physician or authorized healthcare provider). I hereby authorize and consent to the use or disclosure of my minor or ward's protected health information to comply with reporting requirements.

* I have the following relationship with my minor or ward:

Relationship Of Guardian
Mother

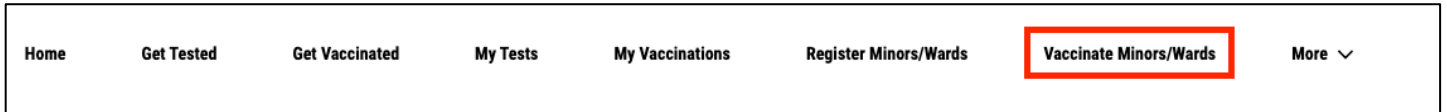
* I certify that I have the legal authority, pursuant to the relationship to the minor or ward indicated above and to Florida Statute, section 743.0645, to consent on behalf of and for my minor or ward, to receive the COVID-19 vaccine. Selecting "Sign Up" below acts as a legally binding signature and consent to the foregoing acknowledgements.

Sign Up

SCHEDULE AN APPOINTMENT FOR A MINOR/WARD INSTRUCTIONS

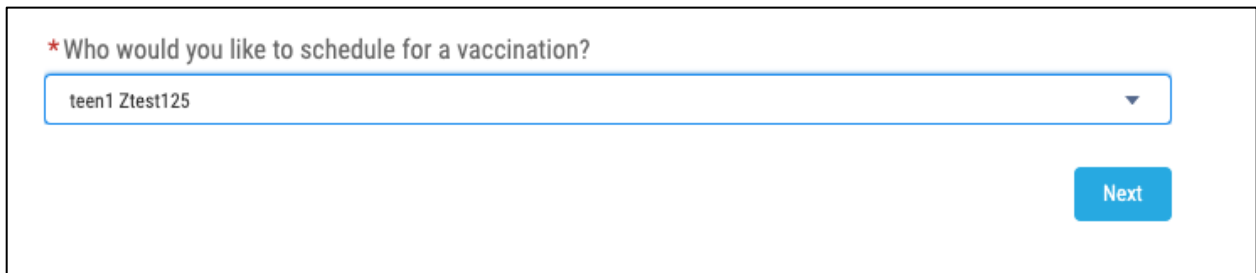
Step 1: Schedule an Appointment for Minor/Ward

- a. From the tool bar, click **Vaccinate Minors/Wards**



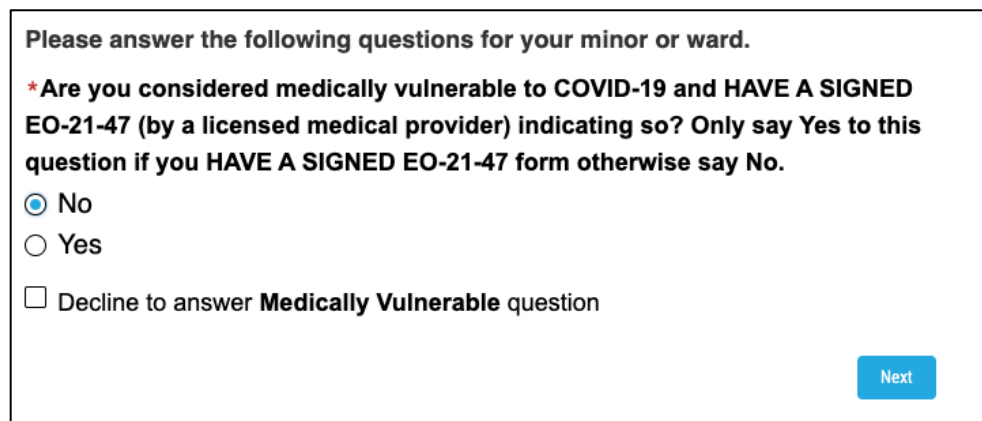
A horizontal navigation toolbar with the following items: Home, Get Tested, Get Vaccinated, My Tests, My Vaccinations, Register Minors/Wards, Vaccinate Minors/Wards (highlighted with a red border), and More with a dropdown arrow.

Step 2: Select the Name of the Minor/Ward who you would like to schedule an appointment for



A form with the question: *** Who would you like to schedule for a vaccination?** Below the question is a dropdown menu with the selected value "teen1 Ztest125". To the right of the dropdown is a blue "Next" button.

Step 3: Answer the following question for Minor/Ward



Please answer the following questions for your minor or ward.

***Are you considered medically vulnerable to COVID-19 and HAVE A SIGNED EO-21-47 (by a licensed medical provider) indicating so? Only say Yes to this question if you HAVE A SIGNED EO-21-47 form otherwise say No.**

No
 Yes
 Decline to answer **Medically Vulnerable** question

Next

Step 4: Indicate if you have an **Entry Code: Select Yes or No**

- i. If Yes, enter the Entry code provided or the site's Walkup code

The screenshot shows a form titled "Do you have an Entry Code?". Below the title are two radio buttons: "No" and "Yes". The "Yes" button is selected. Below the radio buttons is a text input field with the label "Please input your entry code". The input field contains the text "PCTESTING" and has a small icon on the right side. Below the input field is a blue "Next" button.

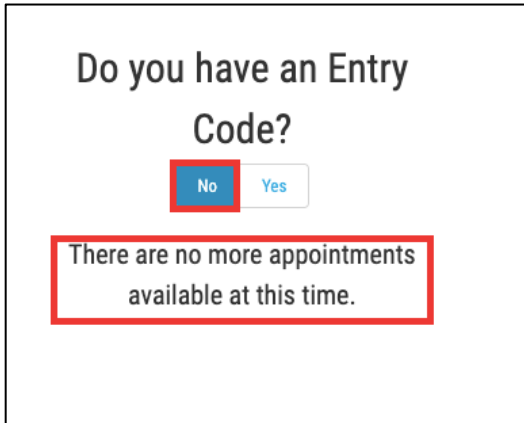
- b. If you don't have a code, please select **your preferred County** from drop down list

- i. **Only Counties with available appointments will appear in the drop-down list**

The screenshot shows a form titled "Do you have an Entry Code?". Below the title are two radio buttons: "No" and "Yes". The "No" button is selected. Below the radio buttons is a dropdown menu with the label "Please Select a County". The dropdown menu is open, showing a list of counties: "Hernando", "Orange", "Pasco", and "Pinellas". The "Hernando" option is highlighted in blue. Below the dropdown menu is a blue "Next" button.

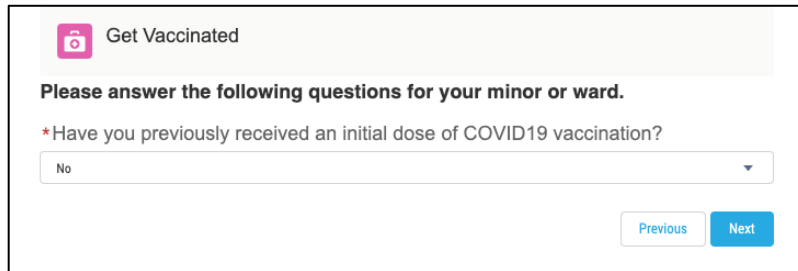
Instructions

- ii. “No Appointments available at this time” message will appear if they are no appointments available in any County

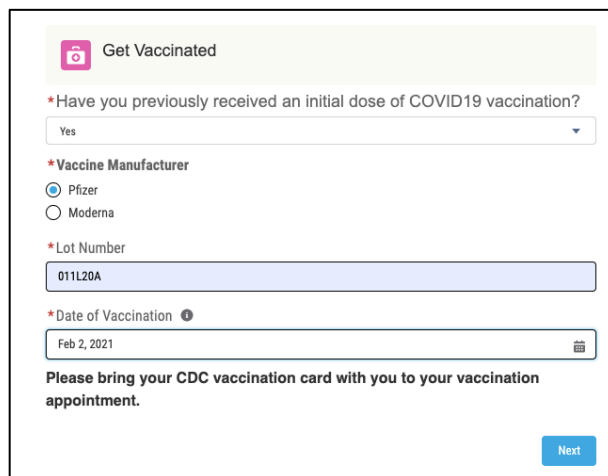


Step 5: Answer the **Get Vaccinated** question

- c. If answer is **No**, continue to the liability questions




- d. If answer is **Yes**, enter the information regarding the 1st vaccine (**Use CDC Vaccination Card**)



Step 6: Complete the COVID-19 Vaccine Liability Release Waiver.

- c. Select the box if **the form was completed by someone other than the patient and consents were obtained verbally**

 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.


- 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.

- Signature of Patient or Authorized Representative:

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.



This form was completed by someone other than the patient and consents were obtained verbally. If so, please write your name in the signature box below.

Sign Here




Instructions

Step 7: Complete the **Past Medical History, Family Medical History, and Relevant Medical History** questionnaires.

 Past Medical History	 Family Medical History
<p>Check those questions to which you answer yes (leave the others blank). Have you ever had or do you have any of the following health problems?</p> <ul style="list-style-type: none"><input type="checkbox"/> Bleeding tendency<input type="checkbox"/> Blood clots<input type="checkbox"/> Breast disease<input type="checkbox"/> Cancer<input type="checkbox"/> Cardiac<input type="checkbox"/> Dental disease<input type="checkbox"/> Diabetes<input type="checkbox"/> Environmental allergies<input type="checkbox"/> GI<input type="checkbox"/> Glaucoma<input type="checkbox"/> Hepatitis	<p>Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank).</p> <ul style="list-style-type: none"><input type="checkbox"/> Anemia<input type="checkbox"/> Arthritis<input type="checkbox"/> Bleeding or clotting abnormality<input type="checkbox"/> Breast disease<input type="checkbox"/> Cancer<input type="checkbox"/> Connective tissue disorder<input type="checkbox"/> Depression<input type="checkbox"/> Diabetes<input type="checkbox"/> Heart disease<input type="checkbox"/> High blood pressure

b. If you have a history of severe allergic reactions to components of the vaccines or other injectable medications, had antibody therapy within the last 90 days, had other vaccines in the last 14 days, you will not be able to schedule a COVID-19 vaccine appointment.

 Relevant Medical History

Please answer the following questions for your minor or ward.

*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? ⓘ

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

*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)? ⓘ

*Have you had any other vaccinations in the last 14 days (e.g. flu vaccine, etc.)? ⓘ

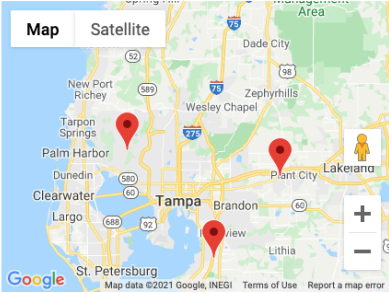
*Do you have any allergic reactions not related to vaccines or other injectable therapies, such as food, pet, venom, environmental allergies, or allergies to oral medications? ⓘ

Step 8: Select the preferred location from the list of vaccination sites

Please select your preferred location below.

NOTE: Choose a location from the list below to view the hours of operation

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Choose A Location That Is Best For You (3)

List of all Vaccination Sites

[< Previous](#)

Step 9: Select Date and Time for 1st Appointment

b. The date and time of the 2nd appointment will be provided

[Change Location](#)

Select Date

February 22, 2021

9:00 AM	9:15 AM	9:30 AM	9:45 AM	10:00 AM
10:15 AM	10:30 AM	10:45 AM	11:00 AM	11:15 AM
11:30 AM	11:45 AM	1:00 PM	1:15 PM	1:30 PM
1:45 PM	2:00 PM	2:15 PM	2:30 PM	2:45 PM
3:00 PM	3:15 PM	3:30 PM	3:45 PM	

Step 10: Confirm the details of the 1st and 2nd appointment

Vaccine #1
February 19, 2021
10:00 AM - 3:00 PM

Vaccine #2
March 19, 2021
10:00 AM - 3:00 PM


Vaccination Site
Address to the site

Cancel Confirm Selection

Step 11: Once the appointments are selected a **confirmation screen will appear**. **Print, or screen shot, the QR code** for the first vaccination appointment and present the QR code at check-in during your appointment time slot.

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.

Appointment #1



CDR0123456789

Patient's Name

February 19, 2021 10:00AM - 3:00PM

Vaccination Site
Address to vaccination site