

WELCOME TO THE FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY COVID-19 VACCINATION PRE-REGISTRATION

Step 1: Visit www.Patientportalfl.com

Step 2: Click "Create an Account"

The screenshot shows 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 blue-tinted image of a person wearing a face shield and a mask. Text on the banner reads: "WELCOME TO CDRM HEALTH, COVID-19 TESTING", followed by a list of steps: "Step 1 - Create an account", "Step 2 - Find a location", "Step 3 - Pre-register for your test", and "Step 4 - Get tested". Below this is a note: "Test results can take up to 5 days to process. You will be notified when test results are received." A horizontal bar below the banner lists the steps: "STEP 1 Create an Account", "STEP 2 Find a location", "STEP 3 Register for your visit", and "STEP 4 Go to Location". The main content area is titled "ACCOUNT SIGN-UP" and contains two buttons: "CREATE AN ACCOUNT" (highlighted with a red border) and "LOG IN". At the bottom, there is contact information: "For customer support questions, please contact us everyday from 10:00 AM to 6:00 PM at (305) 351-9531 or email us at Covid19support@cdrmaguire.com".

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

- a. Complete the required Demographics information
- b. For the Insurance related fields, please click **“Decline to Answer.”** Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.

<p>CDR HealthPro™</p> <p>Do you need to register any minors or wards today? / ¿Necesita registrar menores o custodios hoy? (After completing your registration below, you will register them)</p> <p><input type="checkbox"/> Yes</p> <hr/> <p>*First Name / Nombre Patient</p> <p>*Last Name / Apellido ztest1</p> <p>*Date of Birth / Fecha de nacimiento Dec 1, 1987</p> <p>*Phone (for calls) / Teléfono 5555555555 <input type="checkbox"/> This is an International Phone Number / Este es un número de teléfono internacional</p>	<p><input checked="" type="checkbox"/> Opt in to SMS(Text) notifications / Optar por las notificaciones de SMS (texto) <input type="checkbox"/> Mobile Same As Phone</p> <p>Mobile / Móvil 5555555555</p> <p>*Email / Correo Electrónico email@emailcompany.com</p> <p>*Confirm Email email@emailcompany.com <input type="checkbox"/> I don't have an Email</p> <p>*Username / Nombre de usuario email@emailcompany.com</p> <p>*Create Password / Contraseña</p> <p>*Confirm Password / Confirmar contraseña</p>	<p>Home Address / Dirección</p> <p>Search for your Home Address Enter Zip Code if there are no results for your Street Address</p> <p>Country / País United States</p> <p>Street (include Apt/Suite after street, if necessary) / Dirección 12345 Main Street</p> <p>City / Ciudad Orlando</p> <p>State / Estado Florida</p> <p>Postal Code / Código Postal 32809</p>
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<p>Demographics / Demografía</p> <p>Gender / Género Female</p> <p><input type="checkbox"/> Decline to answer / Negarse a contestar</p> <p>Race / Raza Black</p> <p><input type="checkbox"/> Decline to answer / Negarse a contestar</p> <p>Ethnicity / Etnicidad Non-Hispanic</p> <p><input type="checkbox"/> Decline to answer / Negarse a contestar</p> <p>Do you live in a house with 2 or more people? / ¿Vives en una casa con 2 o más personas?</p> <p><input type="checkbox"/> Decline to answer / Negarse a contestar</p>	<p>Insurance Information / Información del Seguro</p> <p><i>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.</i></p> <p><input checked="" type="checkbox"/> Decline to answer / Negarse a contestar</p> <p>Primary Billing Insurance / Seguro de Facturación Principal</p> <p>Primary Insurance Search / Búsqueda de Seguro Primario Enter a minimum of 2 letters here Select One <input type="checkbox"/> My Insurance Carrier is not listed / Mi compañía de seguro no está en la lista</p>
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- c. **Acknowledge the Consents** by selecting the boxes.
- Click on **Sign Up** to complete your Pre-Registration Account.

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 agree to and provide my Authorization for Use of PHI.
- I provide my Consent for CDR to Contact.
- * I have read and understand my waiver of liability on the Ordering Provider.

Sign Up / Registrate

Step 4: Automatically directed to the Home Page of the **Patient Portal**

- Click **“Schedule a Vaccination”**

CDR HealthPro™ Home Get Tested Get Vaccinated My Tests My Vaccinations More ▾

Direct Splash: **WELCOME TO CDR HEALTHPRO, COVID-19 TESTING AND VACCINATIONS**

Step 1 - Find a location
Step 2 - Pre-register for your test or vaccination
Step 3 - Arrive on-site

Keep your information current by editing "My Information".

HOW CAN WE HELP YOU TODAY?


SCHEDULE A VACCINATION **GET TESTED**

The federal government has been working through Operation Warp Speed to make COVID-19 vaccines available in mass quantities. Vaccine availability is currently limited to select delivery locations.

Be Positive, You're Negative.
Schedule your COVID-19 PCR or Antigen Test at a convenient location near you. CDR HealthPro provides COVID-19 testing at various locations.

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

- **Sign and Click Next**

 **COVID-19 Vaccine Liability Release Waiver**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which CDR Maguire, Inc. and its subsidiaries and affiliated entities, (the "Organization") adheres to comply.

You are agreeing to request and accept the COVID-19 "Emergency Use" Vaccine developed exclusively for COVID-19. You understand the risks associated and agree to hold harmless any and all individuals of the "Organization" whom are acting as agents of the State of Florida. You understand that the "Organization" did not create, develop or manufacture the COVID-19 VACCINE.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:


I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against



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 Past Medical History, Family Medical History, and Relevant Medical History questionnaires.

- Note, if you have had a prior allergy to the COVID-19 vaccine you will not be able to schedule an appointment.

 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

 **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

*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 moderate or acute illness?

No Yes

*Are you allergic to iodine?

No Yes

Step 8: Enter your **Zip Code** and/or **Desired Appointment Date** and click **Next**.


 **Please Enter Your Home Address**

Search by Address in order to return all locations availability for the next 14 days.

Address

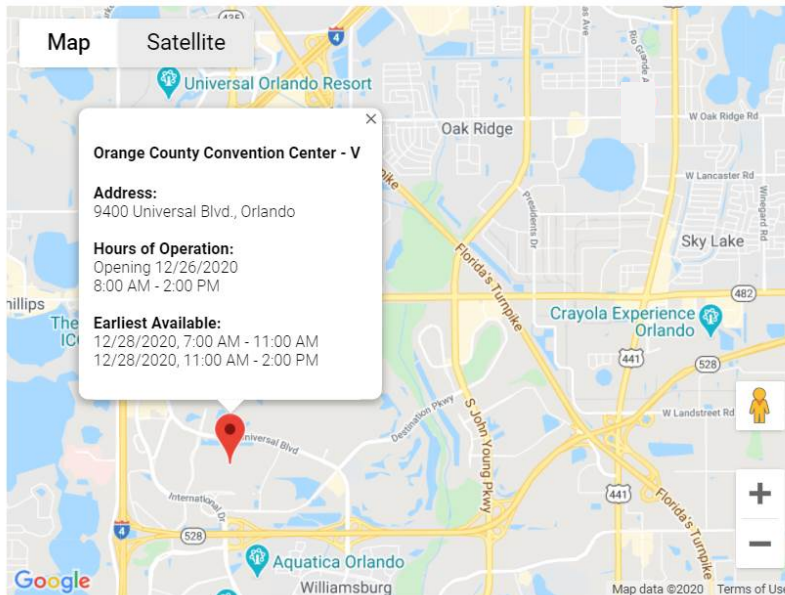
To filter results by a specific Date, enter a Date below:

Appointment Date Search



Step 9: Select Orange County Convention Center location and click Next.

Do NOT click on the any other location.



Selected Orange County Convention Center - V (2)

-  [Orange County Convention Center - V](#)
9400 Universal Blvd., Orlando, Florida
-  [Orange County - Senior Living Facilities](#)

[< Previous](#) [Next >](#)

Step 10: Select your desired **Appointment Date/Time** slot for your **First Vaccination**.

Please select an appointment date for vaccine #1.

Previous **Next**

 **Vaccine #1 Available Appointment Window - Orange County Convention Center - V**

Date ↓	
<input checked="" type="radio"/> 12/28/2020	Anytime between: 11:00AM - 2:00PM Slots Remaining: 218
<input type="radio"/> 12/29/2020	Anytime between: 7:00AM - 11:00AM Slots Remaining: 265
<input type="radio"/> 12/29/2020	Anytime between: 11:00AM - 2:00PM Slots Remaining: 225

Step 11: Select your desired **Appointment Date/Time** slot for your **Required 2nd Booster Vaccination**.

(No sooner than 28 day after for Moderna's first vaccination)

Please select an appointment date for vaccine #2.

Previous **Next**

 **Vaccine #2 Available Appointment Window - Orange County Convention Center - V**

Date ↓	
<input checked="" type="radio"/> 1/25/2021	Anytime between: 7:00AM - 11:00AM Slots Remaining: 241
<input type="radio"/> 1/25/2021	Anytime between: 11:00AM - 2:00PM Slots Remaining: 221
<input type="radio"/> 1/26/2021	Anytime between: 7:00AM - 11:00AM Slots Remaining: 253

Step 12: Once you have selected your appointments you will **receive a confirmation screen. Please print, or screen shot, the QR code** for your first vaccination appointment and present the QR code at check-in during your appointment.

Thank you for scheduling your COVID-19 Vaccination Appointment. Please print this page, or take a screen shot, 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.



CDR00715465

Moderna COVID-19 Vaccine

Naty ztest09

12/28/2020, 11:00 AM - 2:00PM
Orange County Convention Center - V
9400 Universal Blvd.
Orlando, FL 32819

Next

Step 13: Registration is Completed