Vaccine Registration Guide for

Thanks for your interest in getting the COVID-19 vaccine. The City's goal is to make the vaccination experience as easy and accessible as possible. We put together this document to help you navigate Signetic, the City's registration software. If you need assistance over the phone, please call the City's Customer Service Bureau at (206) 684-2489 from Monday through Saturday, between 8 a.m. - 5 p.m. In-language services are available by phone. Recovery starts with all of us doing our part. Thank you for doing yours!

Please note that the information requested by the registration application is required by the Washington State Department of Health (DOH). The City of Seattle does not share personal information with federal immigration enforcement agencies. City services - including vaccinations - are available to residents regardless of citizenship or immigration status.

First, access the online appointment system. If you are eligible for this clinic, the appointment system was already provided to you. From there, follow the below steps:





Step 1: Check Your Eligibility

Review the eligibility information, which will appear on your screen. This helps ensure you meet the DOH eligibility criteria.

If Eligible: If you are able to check off any of the boxes, complete the self-declaration signature by entering in your first and last name, and checking the self-declaration box. Once done, proceed to next page.

If Ineligible: If you are not able to check any of the boxes, you are not eligible. Please visit <u>FindYourPhaseWA.org</u> or call 1 (800) 525-0127 and press #. The operator will be able to inform you about future eligibility. Phone interpretation is available.

Information on phases can be found here: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccinationPhasesInfographic.pdf

Eligibility Questions

Do you belong to any of the following categories that qualify for vaccinations?					
I am a health care worker, including in-home caregivers (paid and unpaid)					
I am a high-risk first responder					
I am a long-term care facility resident					
I am 65 years old or older					
I am 50 years old or older and lives with and cares for kinship					
I am 50 years old or older and unable to live independently					
I am a pre-kindergarten through 12th grade educator or school staff member					
I am a child care worker, which includes licensed family home child care providers					
I am a family member who lives in the same home as a licensed family home child care provider					
Self-Declaration criteria					
First Name *	Middle Name	Last name *			
I,, attest that I am eligible for this phase of vaccination and agree to only proceed with registration if I meet all the above criteria.					
(i) Please complete self-declaration criteria to move forward with the registration.					

Step 2: Complete Health Screening Questions

You will be asked a series of Yes/No health screening questions and must input your answers.

If you answer "YES": If you answer "Yes" to a specific question and see red-colored text on the screen notifying you that you are not eligible for a vaccine, you must wait to be vaccinated or consult a medical professional. NOTE: Some "Yes" answers do not result in a disqualification. However, you may need to take extra precautions at the vaccination event. Note the blue-colored text in the Self-Declaration criteria section.

If answers "NO": If patient answers "NO" to all screening questions, then please ask patient their permission to check the self-declaration box. Once complete, proceed to next page.

Screening Questions

Do you have a new Covid-19 diagnosis or symptoms of Covid-19 such as fever over 100.4F, shortness of breath, or loss of taste or smell?				
○ Yes ○ No				
Have you had any other vaccine within 14 days?				
O Yes O No				
Have you had a previous allergic reaction to a COVID-19 vaccine?				
○ Yes ○ No				
Have you received plasma or antibody treatment for COVID-19 within 90 days?				
○ Yes ○ No				
Are you under 19 years of age?				
○ Yes ○ No				
Are you pregnant?				
○ Yes ○ No				
Have you had any allergic reaction requiring hospitalization?				
Yes No				
Have you already received the first dose of the vaccine?				
○ Yes ○ No				

Step 3: Input Your Information

Input all patient information. Fields marked with a red asterisk (*) are required.

Contact Info: The City of Seattle strongly encourages you to provide at least a mobile phone or email. You can opt-out of providing email or mobile phone, but this means you will not have the ability to modify or cancel your appointment, receive reminders about your appointment, or be notified if your appointment must be rescheduled due to weather or vaccine supply.

Referring Organization: Input how you learned about this vaccination clinic.

Payment Type: Vaccines are FREE. You will not be charged or billed, regardless of whether you have insurance or not. (Insurance will help the City cover the costs of running the site.)

Insurance: Select "Insurance" or "No insurance." If no insurance, choose "Driver License" or "Other State ID" from the drop-down menu. Then input the "Identification Number" to allow the City to bill the federal fund for uninsured individuals. If no insurance or ID, select "I do not have ID."

Terms and Conditions: Once you have read through the Terms and Conditions, check both boxes to indicate you have read the above information.

Signature: Click into the "Signature" box and sign your name. A squiggle line is fine. Click "Select Clinic and Time" once signed.

PATIENT INFO				
First name * First Name	Middle name		Last name * Last Name	
Birth month *	Day *		Year *	
Ethnicity *		Race *		
Gender *		Primary Language * English		
Mobile no. *				
Email address *				
Confirm email address *				
Referring Organization				
By checking this box I agree to all of the terms for digital communication around my appointment.				

PATIENT ADDRESS					
Home Address *	Apt / Unit				
City *	State *	Zip Code *			
PAYMENT TYPE					
Insurance No Insurance					
 Neither City of Seattle nor any health insurance company will charge you for your COVID-19 vaccination. However, we do collect insurance information to ensure funding for uninsured patients. 					
INSURANCE INFO					
Health insurance company *					
Member ID *					
Group Number					

Step 4: Clinic and Timing

You have made it to the final step. You're almost done! To finish, please do the following:

- 1. Select the "Rainier Beach Vaccination" location to make an appointment.
- 2. Select "Choose data and time for appointment" and click on the circle of the date that is available for you. Once you select the first dose, options for the second dose will appear. Click, "Select."
- 3. Next, click the "I am not a robot."
- 4. It can take up to 30-45 seconds for the appointment to process. Please be patient!
- 5. Check to make sure the patient received a confirmation email or text.



(i) Second vaccine appointment is only available after 28 days of first dose.



You did it! We will see you soon at your vaccination appointment.