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”
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.
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]
**Pre-Registration**

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

- Click “Schedule a Vaccination”
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.

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**

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?

- Bleeding tendency
- Blood clots
- Breast disease
- Cancer
- Cardiac
- Dental disease
- Diabetes
- Environmental allergies
- GI
- Glaucoma
- Hepatitis

**Family Medical History**

Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank):

- Anemia
- Arthritis
- Bleeding or clotting abnormality
- Breast disease
- Cancer
- Connective tissue disorder
- Depression
- Diabetes
- Heart disease
- High blood pressure
Pre-Registration

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

Search for Address...

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

Appointment Date Search

Dec 26, 2020

Previous  Next
Pre-Registration

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

Do NOT click on the any other location.
Step 10: Select your desired Appointment Date/Time slot for your First Vaccination.
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)
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.

![QR Code Image]

CDR00715465
Moderna COVID-19 Vaccine

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

Step 13: Registration is Completed