

## CREATE AN ACCOUNT & SCHEDULE AN APPOINTMENT INSTRUCTIONS

**Step 1:** Visit [www.Patientportalfl.com](http://www.Patientportalfl.com)

**Step 2:** Click “Create an Account”

The screenshot displays the CDR HealthPro website. At the top, the logo "CDR HealthPro™" is on the left, and navigation links "Home", "Create An Account", and "Find A Location" are in the center. A "Log in" button is on the right. Below the navigation bar is a large banner image of a healthcare worker in a blue gown and face shield. Overlaid on the banner is the text "WELCOME TO CDR HealthPro™" and "COVID-19 TESTING AND VACCINATIONS". Below the banner is a yellow horizontal bar divided into four sections, each with a step number and description: 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 this bar is a white section titled "ACCOUNT SIGN-UP". At the bottom of this section are two buttons: "CREATE ACCOUNT" (highlighted with a red border) and "LOG IN".

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

- 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. 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)

**\*\*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

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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

United States

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

123 ocean drive

City

Miami

State

Florida

Postal Code

33155

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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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- c. **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

## Instructions

**Step 4:** After creating your account, the system will automatically open to the Home Page of the **Patient Portal**

a. Click “Get Vaccinated”

The screenshot shows the CDR HealthPro Patient Portal. At the top is a navigation bar with links: Home, Get Tested, Get Vaccinated, My Tests, My Vaccinations, Register Minors/Wards, My Information, and My Barcodes. Below the navigation bar is a large banner with the text "WELCOME TO CDR HealthPro™ Patient Portal" and "COVID-19 TESTING AND VACCINATIONS". Underneath the banner is a section titled "HOW CAN WE HELP YOU TODAY?" with a note: "AT THE PRESENT TIME ONLY SENIORS 65 AND OVER CAN SCHEDULE APPOINTMENTS." There are four location cards: HERNANDO COUNTY, PASCO COUNTY, ORANGE COUNTY, and PINELLAS COUNTY. Each card states that the Florida Department of Health in that county has reached its appointment capacity and will provide an update when the system reopens. Below these cards is a section for ORANGE COUNTY FIRST RESPONDERS, which asks for an Entry Code. At the bottom are two buttons: "GET VACCINATED" (orange) and "GET TESTED" (teal).


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

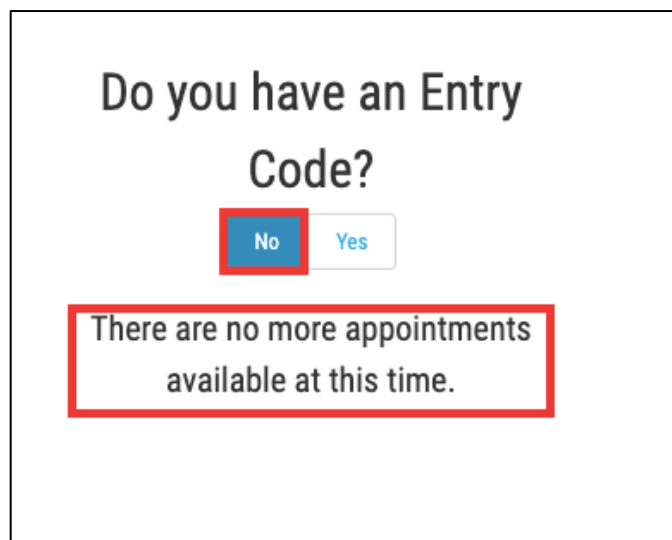
The screenshot shows a prompt asking "Do you have an Entry Code?". There are two buttons: "No" (light blue) and "Yes" (dark blue). Below the buttons is a text input field with the placeholder text "Please input your entry code". The input field contains the text "PCTESTING" and a clear button (X). Below the input field is a "Next" button (dark blue).

*Instructions*

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



The screenshot shows a web interface with the heading "Do you have an Entry Code?". Below the heading are two buttons: "No" (highlighted in blue) and "Yes". Below the buttons is a label "Please Select a County" followed by a dropdown menu. The dropdown menu is open, showing a list of counties: "Hernando", "Orange", "Pasco", and "Pinellas". The "Hernando" option is currently selected and highlighted in light blue.

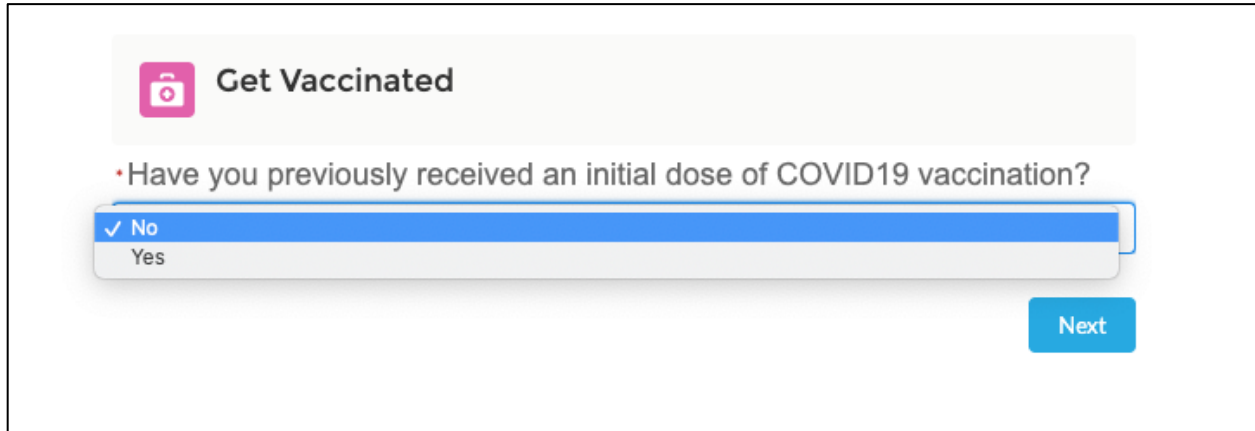


The screenshot shows the same web interface as the previous one, but with the "No" button highlighted with a red border. Below the buttons, a message box with a red border contains the text: "There are no more appointments available at this time."

## Instructions

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

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



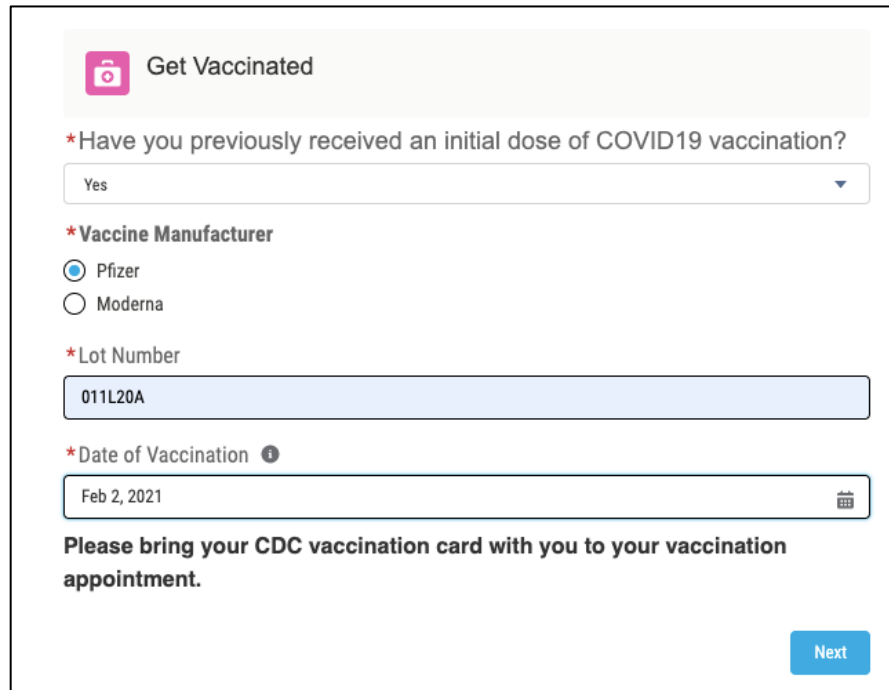
**Get Vaccinated**

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

✓ No  
Yes

Next

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



**Get Vaccinated**

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

Yes

\*Vaccine Manufacturer

☒ Pfizer  
☐ Moderna

\*Lot Number

011L20A

\*Date of Vaccination ⓘ

Feb 2, 2021


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

Next



**Step 6: 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





Clear


Next

## 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"> <li><input type="checkbox"/> Bleeding tendency</li> <li><input type="checkbox"/> Blood clots</li> <li><input type="checkbox"/> Breast disease</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Cardiac</li> <li><input type="checkbox"/> Dental disease</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Environmental allergies</li> <li><input type="checkbox"/> GI</li> <li><input type="checkbox"/> Glaucoma</li> <li><input type="checkbox"/> Hepatitis</li> </ul>	<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"> <li><input type="checkbox"/> Anemia</li> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Bleeding or clotting abnormality</li> <li><input type="checkbox"/> Breast disease</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Connective tissue disorder</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Heart disease</li> <li><input type="checkbox"/> High blood pressure</li> </ul>

- 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? ⓘ

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

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

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


**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

Map

Satellite



Choose A Location That is Best For You (3)

List of all Vaccination Sites

< Previous

< Previous

- Step 9: Select Date and Time** for 1st Appointment
- a. The date and time of the **2<sup>nd</sup>** 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 1<sup>st</sup> and 2<sup>nd</sup> 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

*Instructions*

**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

PID: PID-00028869

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

Vaccination Site

Address to vaccination site

**Step 12:** Registration is Complete.