

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"

CDR Healt	h Pro [™]		Home	Create An Account	Find A Location	Log in
	WELCOME TO C Step 1 - Create an Step 2 - Find a loc Step 3 - Pre-regist Step 4 - Get testec Test results can ta	CDRM HEALTH, COVID-19 T account ation er for your test I ike up to 5 days to process. Yo	TESTING bu will be notified when test resu	ults are received.		
	STEP 1 Create an Account	STEP 2 Find a location	STEP 3 Register for your visit	STEP 4 Go to Location		
		ACCOU	NT SIGN-UP			
		CREATE AN ACCOUNT	LOG IN			
	For custor	mer support questions, please c (305 or email us at Covid1	ontact us everyday from 10:00 A 5) 351-9531 19support@cdrmaguire.com	M to 6:00 PM at		



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.

CDR HealthPro [®]	Opt in to SMS(Text) notifications / Optar por las patificaciones do SMS (texto)	Home Address / Dirección								
Do you need to register any minors or wards today? / ¿Necesita registrar menores o custodios hoy?	Mobile Same As Phone	Search for your Home Address								
(After completing your registration below, you will register them)	Mobile / Móvil	Enter Zip Code if there are no results	for your Street Address							
Yes	555555555		Q							
	*Email / Correo Electrónico									
*First Name / Nombre	email@emailcompany.com	Country / País								
Patient	*Confirm Email	United States	•							
*Last Name / Apellido	email@emailcompany.com									
ztest1	I don't have an Email	Street (include Apt/Suite after street,	If necessary) / Direccion							
*Date of Birth / Fecha de nacimiento	*Username / Nombre de usuario	12345 Main Street								
	email@emailcompany.com									
Dec 1, 1987 🚊	*Create Password / Contraseña	City/Ciudad	State / Estado							
*Phone (for calls) / Teléfono	••••••	Orlando	Florida 🔻							
555555555	*Confirm Password / Confirmar contraseña	Postal Code / Codigo Postal								
This is an International Phone Number / Este es un	•••••	32809								
número de teléfono internacional										

Demographics / Demografía	Insurance Information / Información
Gender / Género	If you are being tested or vaccinated at a State run or
Female	supported site, the State of Florida is attempting to collect and bill insurance where available to bein cover
Decline to answer / Negarse a contestar	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
Rick A	copays, deductibles, or any difference in the cost of test versus what the insurance pays.
	Decline to answer / Negarse a contestar
Decline to answer / Negarse a contestar	
Ethnicity / Etnicidad	Primary Billing Insurance / Seguro de Facturación
Non-Hispanic	* Incipal
Decline to answer / Negarse a contestar	Primary Insurance Search / Búsqueda de Seguro Primario
en una casa con 2 o más personas?	Enter a minimum of 2 letters here
* *	Select One
Decline to answer / Negarse a contestar	My Insurance Carrier is not listed / Mi compañía de



- 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 <u>Consent</u> 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 🗸
Processing and a second s	WELCOME TO CDR HE. VACCINATIONS Step 1 - Find a location Step 2 - Pre-register for yo Step 3 - Arrive on-site	ALTHPRO, CO our test or vacci rent by editing	DVID-19 TESTING A nation "My Information".	ND		
	HOW C	AN WE	HELP YOU Y?	J		
	SCHEDULE A VACCINATIO	DN .	GET TE	STED		
	The federal government has been through Operation Warp Speed to COVID-19 vaccines available in ma quantities. Vaccine availability is c	working I make iss S urrently	Be Positive, You're Neg Schedule your COVID-1 Fest at a convenient log	ative. 9 PCR or Antige cation near you.	n CDR	



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

• Sign and Click Next



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
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 Gl Glaucoma Hepatitis	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



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?
* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to other vac- cines or other injectable medication (not including the COVID-19 vaccine)?
*Do you have moderate or acute illness?
*Are you allergic to iodine? No Yes

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





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



Selected Orange County Convention Center - V (2)





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

Please select an appointment date for vaccine #1.





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.



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

	Date ↓		~
_	1/25/2021	Anytime between: 7:00AM - 11:00AM	
		Slots Remaining: 241	
	1/25/2021	Anytime between: 11:00AM - 2:00PM	
		Slots Remaining: 221	
		Anytime between:	
	1/26/2021	AUGAN STROUGH	
		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

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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