Scheduling Your Initial Vaccine Appointment
Scheduling Link for Eligible Individuals

https://scheduling.coronavirus.in.gov/vaccine
Troubleshooting

Q. I received a “Enter your Invitation Code” screen. What should I do?
A. Make sure you are using Firefox or Chrome to access the link. It will not work in Internet Explorer/Edge (Microsoft Browsers). Re-enter the scheduling link OR click the “I don’t have an invitation code” button.

Q. My browser timed out, what do I do?
A. Re-enter and re-try the scheduling link in a few minutes.

Q. I’m getting a different error screen. What should I do?
A. Make sure you are using Chrome or Firefox, even on your smartphone. It will not work in Internet Explorer/Edge (Microsoft Browsers). Please re-enter and re-try the scheduling link.
Check for your facility

You will be provided a list of facilities.

If you do not see your employer, select “My employer is not listed. I will schedule my vaccine at a nearby facility.”
Select Your Facility

• Check that you have read Attestation statement
• Note that there may be a delay for this to appear
• May need to click on twice

Select “Schedule a Vaccine”
If your employer is not available, you can receive a vaccine from a nearby facility.

You can do a search for a site near you where you can get a vaccine.
Choose your appointment

Use the < and > arrows to move from week to week or can select the drop-down arrow.

Select the time that works best for you and click “Select This Time.”
Complete your information, review policy statement, and select “Submit Patient Information”
Confirm Your Appointment

- Review your information
- Edit any information that is incorrect.
  - Please note that the system does not accept hyphens; please include a space as a substitute.
  - Please note that the system does not accept accents and they may need to be removed.
- Select “Confirm Appointment”
You are not done!

You can either:
Select “Continue to Registration”
OR
Complete the registration from the LINK sent to you via TEXT or EMAIL (based on your selection above)

It is imperative that you complete the registration steps via one of the ways above to make sure that your vaccination appointment moves quickly the day you vaccinate!
Select “Continue”
Input Your Information

- Enter Your Information
- Click Save
- Repeat

The Insurance carrier starts to auto-populate once you type.

BY LAW, NO PATIENT WILL BE CHARGED FOR A COVID19 VACCINATION.
Verify Your Information

- Verify Information
- Edit any information that is incorrect
- “Submit Information”
Input your employment information

- Select “Continue” to enter demographic information
- Select your response
- Click “Continue”
- Repeat
Input your employment information

- Answer employment information
- Click “Submit”
Health Habits

Tell us about your health and lifestyle
The information you provide will help us better understand the virus and how it affects people.

- Schedule appointment
- Provide contact information and insurance
- Provide patient demographics
- Describe your health habits
- Sign consent forms

Have you ever had a serious reaction after receiving a vaccination?
- Yes
- No

Add Risk Factor: Please check any that apply
- Obesity
- Over the age 65
- Diabetes
- Chronic Kidney Disease
- COPD
- Serious Heart Condition
- Sickle Cell Disease
- Other

Add reason for vaccination: Please check any that apply
- Health Care Worker
- Long Term Care Employee
- Long Term Care Resident

Submit

✓ Select “Continue”
✓ Input information
✓ Select “Submit”
PATIENT CONSENT FOR COVID-19 VACCINATION

Explanation of Vaccination:
Vaccination for SARS COVID-19 is an intramuscular injection. Intramuscular injections are administered at a 90 degree angle to the skin, preferably into the deltoid muscle of the upper arm. Risks associated with this vaccination include mild side effects, such as fever, injection site pain, headache, muscle aches and fatigue, and a small percentage may still be vulnerable even after receiving the vaccine. This vaccine will require two (2) doses to work, and you will need to return for the second dose within the recommended time frame. This vaccine is presently available under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA).

PATIENT’S CONSENT
I, the undersigned, certify that I am at least eighteen (18) years of age, have been informed about the vaccine purpose, procedure, and risks, and I have elected to receive. I understand this vaccination may be subject to reporting to a health information exchange or an immunization registry, who may share my vaccination information with others, and to my health care providers, for treatment purposes or as otherwise permitted by law. I have had the opportunity to have all my questions addressed before receiving the vaccine. I voluntarily consent and agree to receive the vaccination for COVID-19.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION:
I authorize the Indiana State Department of Health to disclose protected health information about me to my employer as described below:

Description of Information to be released: COVID-19 Vaccination Results

Purpose of Release: To ensure patient receives documentation of the COVID-19 vaccination.

Use and disclosures may be withdrawn. AUTHORIZATION: I understand that once the authorized information has been disclosed, it may not longer be protected by the HIPAA Privacy Rule. I understand that the covered entity seeking this authorization may not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on whether I sign the authorization. I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this request. Written revocation will be effective upon receipt by the Indiana State Department of Health at 2 N. Meridian St., Indianapolis, IN 46204. Without my express revocation, this request will automatically expire one hundred and eighty (180) days after the date of signature.
Consents

✓ Review Privacy Practices
✓ Select “Accept”
✓ Select “Continue”
Consents

✓ Type your name
✓ Click “Sign Forms”
✓ Make sure the box is checked that you agree to participate
Registration Complete!
Your information has been updated, and you're all set for your appointment.

Finish and Log Out

COVID VACCINE
KRISTINA BOX
Friday, January 1, 7:10 AM
Add to Calendar
Price With Insurance: $0.00

Revisit Patient Information
Revisit Patient Demographics
Revisit Consent Forms

BAPTIST HEALTH FLOYD
1850 STATE ST New Albany, IN 47150-4990
Get Directions

Please call within 48 hours if you need to reschedule or cancel your appointment.
Need assistance?

Contact the HelpDesk at:

https://eportal.isdh.in.gov/C19VAXPublic/