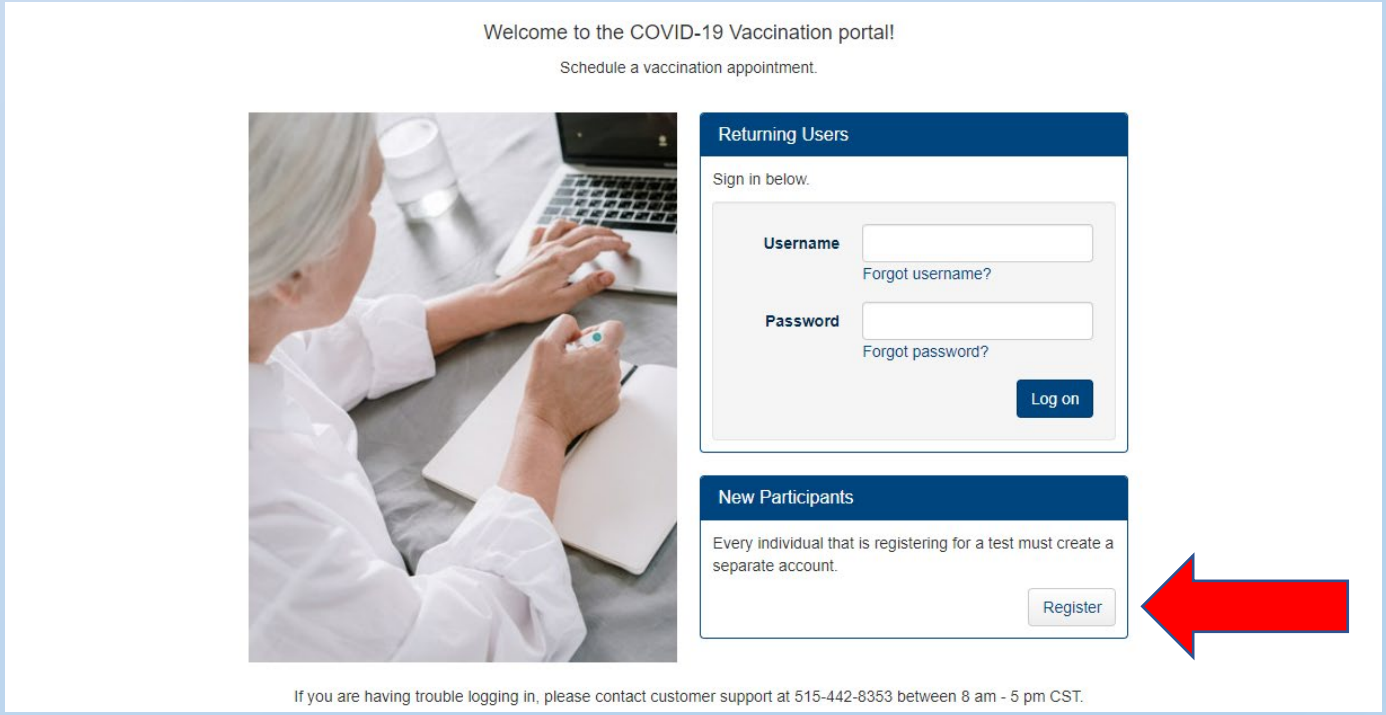
GO TO

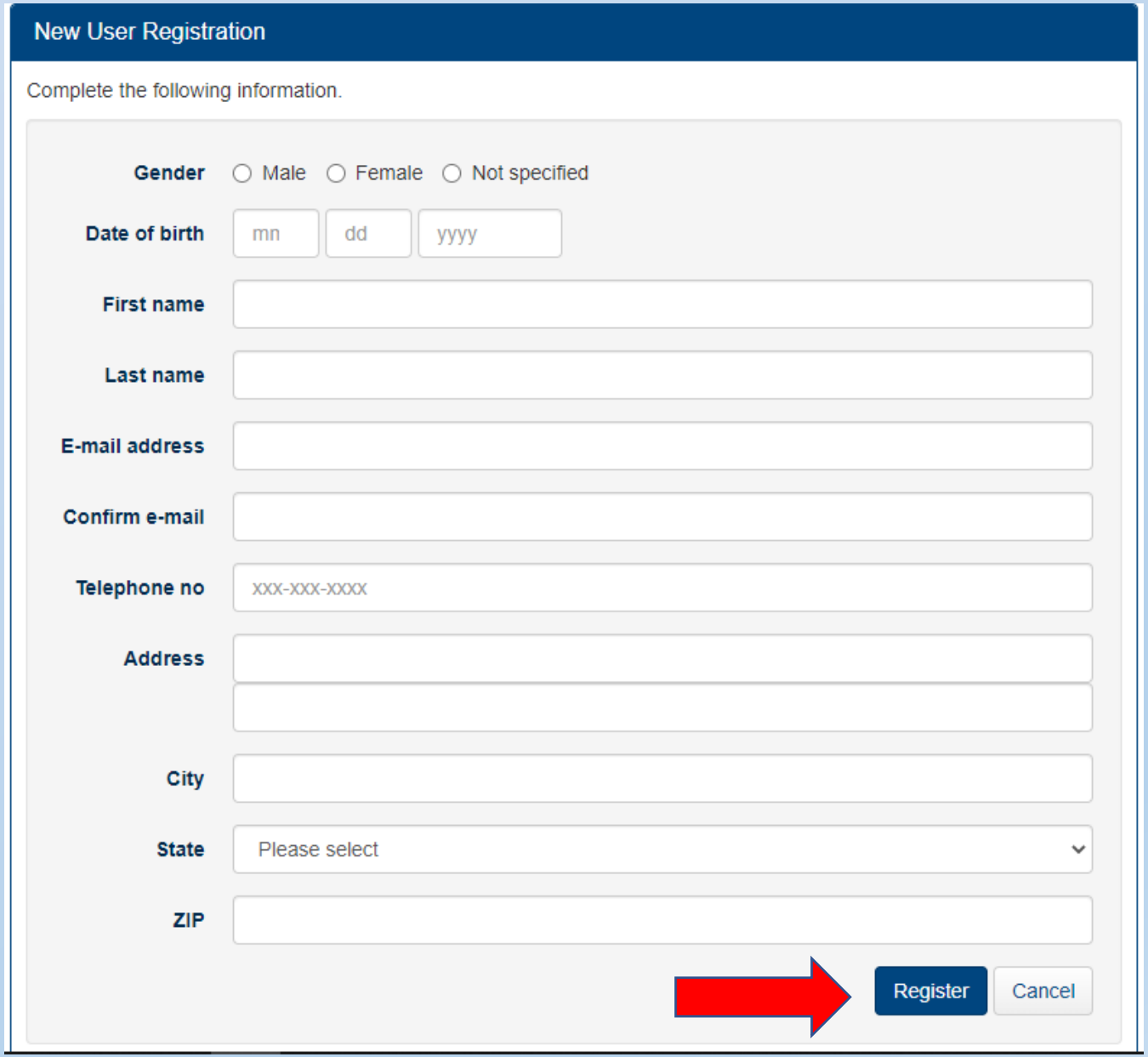
www.impacthealth.com/rpafp

AND CLICK ON REGISTER UNDER NEW PARTICIPANTS

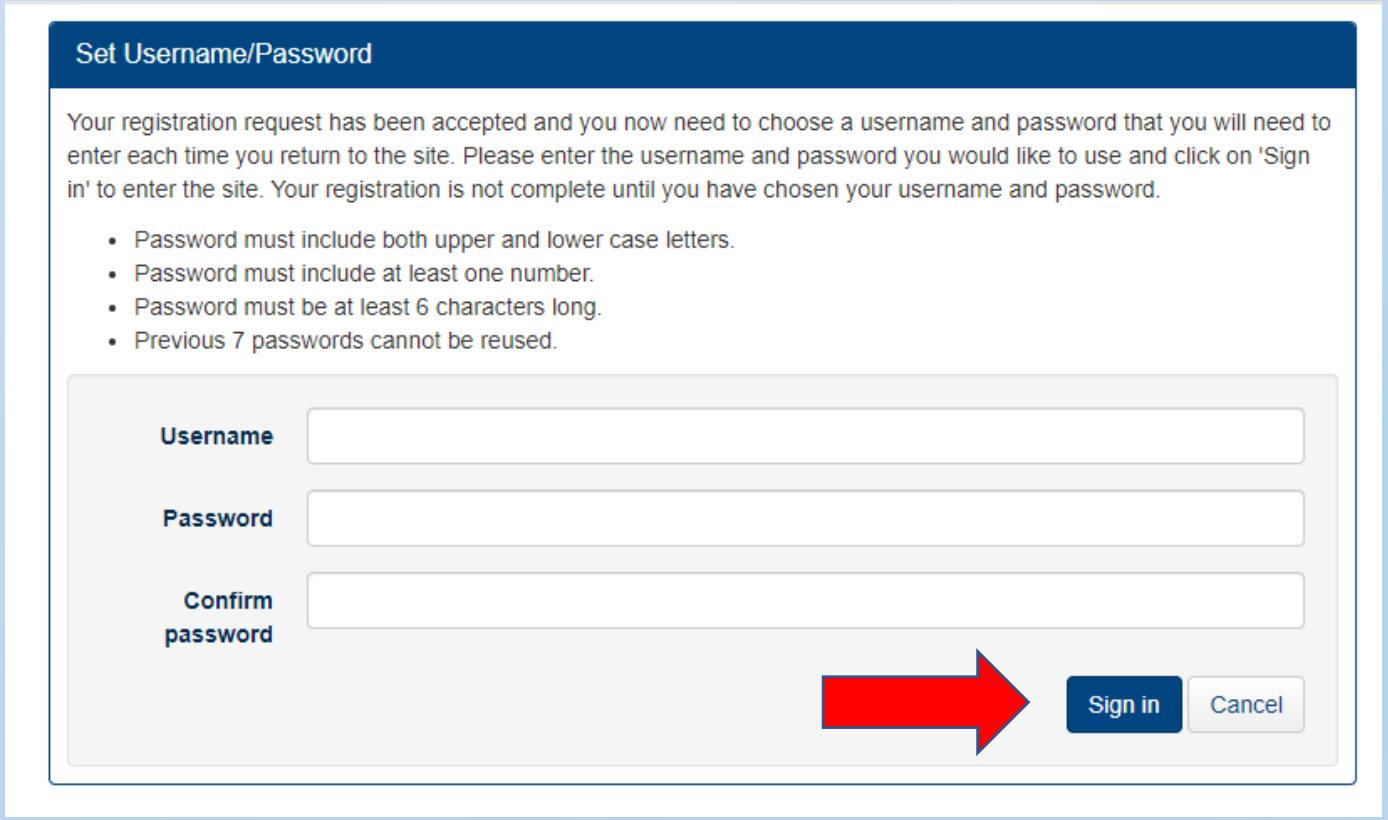


SIGN THE ELECTRONIC HIPPA CONSENT BY CLICKING ACCEPT

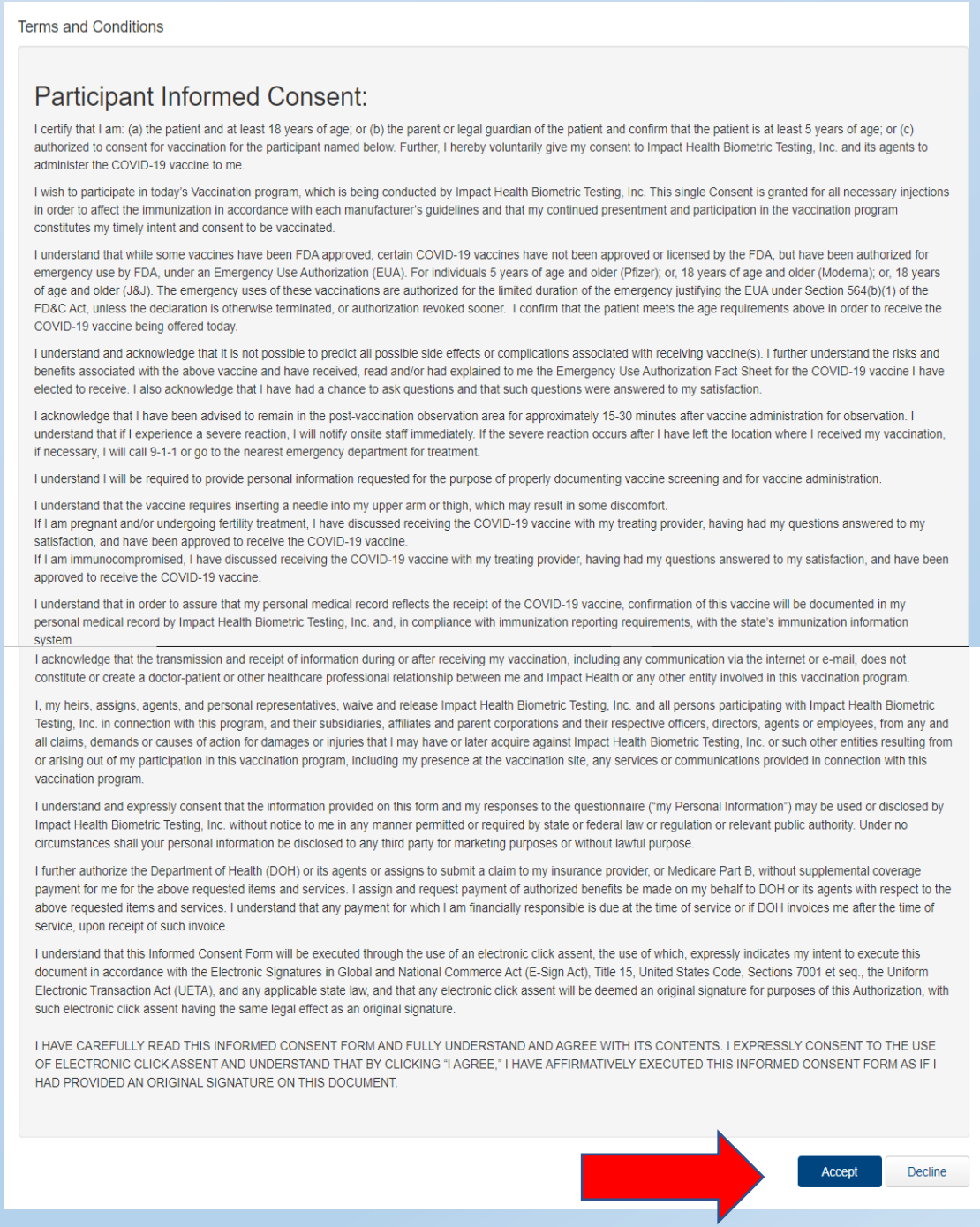
COMPLETE THE FOLLOWING INFORMATION. IF YOU ARE A PARENT/GUARDIAN FILLING THIS OUT, PLEASE PUT THE PARTICIPANTS INFORMATION HERE. (YOU CAN USE THE SAME EMAIL FOR MULTIPLE PARTICPANTS) CLICK REGISTER TO PROCEED TO NEXT PAGE



CREATE A USERNAME AND PASSWORD, PLEASE KEEP THIS IN A SAFE PLACE IN THE EVENT YOU NEED TO LOG BACK INTO THE PORTAL TO CANCEL OR CHANGE YOUR APPOINTMENT.EACH PARTICIPANT MUST HAVE THEIR OWN USERNAME(YOU CAN NOT USE THE SAME USERNAME FOR MORE THAN 1 PARTICIPANT)



SIGN THE ELECTRONIC INFORMED CONSENT BY CLICKING ACCEPT



FILL OUT THE INFORMATION HERE AND CLICK NEXT	VIEW THE EUA FACT SHEET HERE	VIEW FREQUENTLY ASKED QUESTIONS AND EUA FACT SHEET HERE

COVID-19 Vaccination

Schedule a Vaccination

To schedule a vaccination appointment, please select from the following options.

- ○ I have not been vaccinated against COVID-19 and would like to schedule a first dose
- ○ I have had one dose of the Pfizer or Moderna vaccine and would like to schedule a second dose
- ○ I have had two doses of the Pfizer or Moderna vaccine and would like to schedule an additional immunocompromised dose
- ○ I have had 2 doses of the Pfizer or Moderna vaccine and would like to schedule a booster dose
- ○ I have had one dose of the Janssen vaccine and would like to schedule a booster dose.

Next

Pfizer EUA fact sheet

Prior to vaccinating, please review the Pfizer EUA Patient Fact Sheet below.

- Pfizer Vaccine Patient Fact Sheet
- Hoja informativa para el paciente sobre la vacuna Pfizer
- Pediatric Pfizer Vaccine Patient Fact Sheet

FAQ's

Click below to find the CDC's answers to commonly asked questions about COVID-19 vaccination.

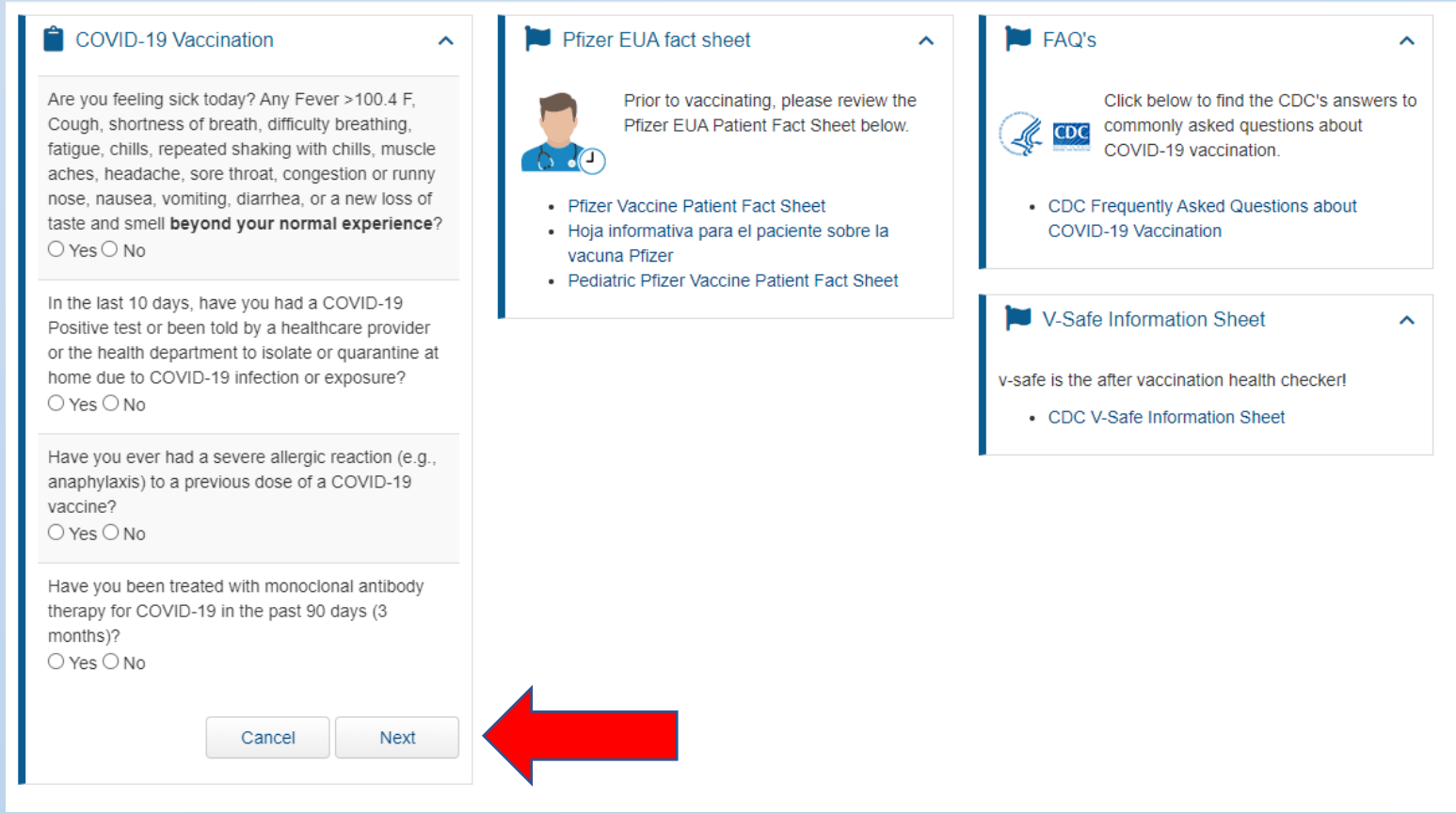
- CDC Frequently Asked Questions about COVID-19 Vaccination

V-Safe Information Sheet

v-safe is the after vaccination health checker!

- CDC V-Safe Information Sheet

FILL OUT THE NEXT SET OF QUESTIONS AND CLICK **NEXT**



FILL OUT THE FOLLOWING HEALTH SCREENING QUESTIONS AND CLICK NEXT

COVID-19 Vaccination

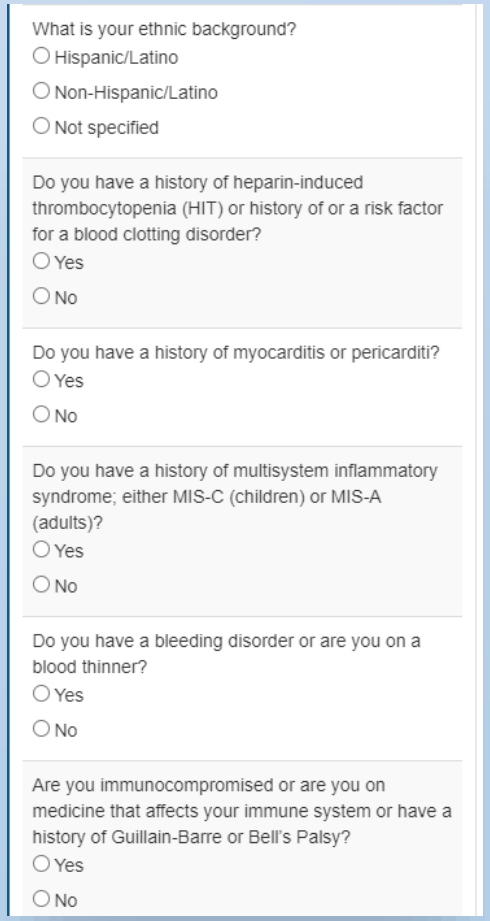
Gender (at birth)
- Male
- Female
- Prefer not to specify

Are you pregnant, plan to become pregnant or are you breastfeeding?
- Yes
- No

Are you a Female between 18 and 49 years of age?
- Yes
- No

Are you a male between 12 and 29 years of age?
- Yes
- No

What is your racial background?
- Asian
- Black/African American
- White
- Native American/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other
- Unknown
- Not specified



What is your ethnic background?
- Hispanic/Latino
- Non-Hispanic/Latino
- Not specified

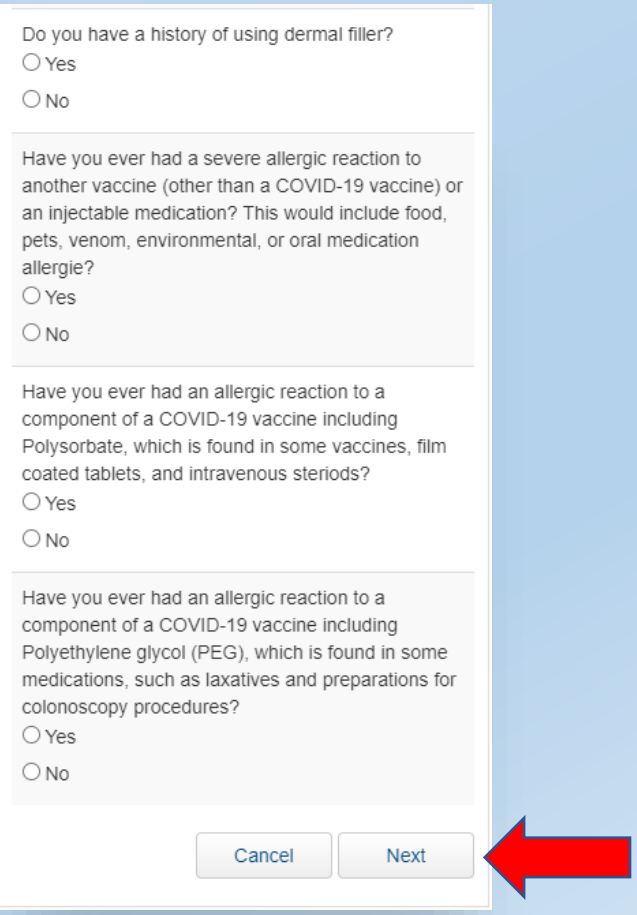
Do you have a history of heparin-induced thrombocytopenia (HIT) or history of or a risk factor for a blood clotting disorder?
- Yes
- No

Do you have a history of myocarditis or pericarditi?
- Yes
- No

Do you have a history of multisystem inflammatory syndrome; either MIS-C (children) or MIS-A (adults)?
- Yes
- No

Do you have a bleeding disorder or are you on a blood thinner?
- Yes
- No

Are you immunocompromised or are you on medicine that affects your immune system or have a history of Guillain-Barre or Bell's Palsy?
- Yes
- No



Do you have a history of using dermal filler?
- Yes
- No

Have you ever had a severe allergic reaction to another vaccine (other than a COVID-19 vaccine) or an injectable medication? This would include food, pets, venom, environmental, or oral medication allergie?
- Yes
- No

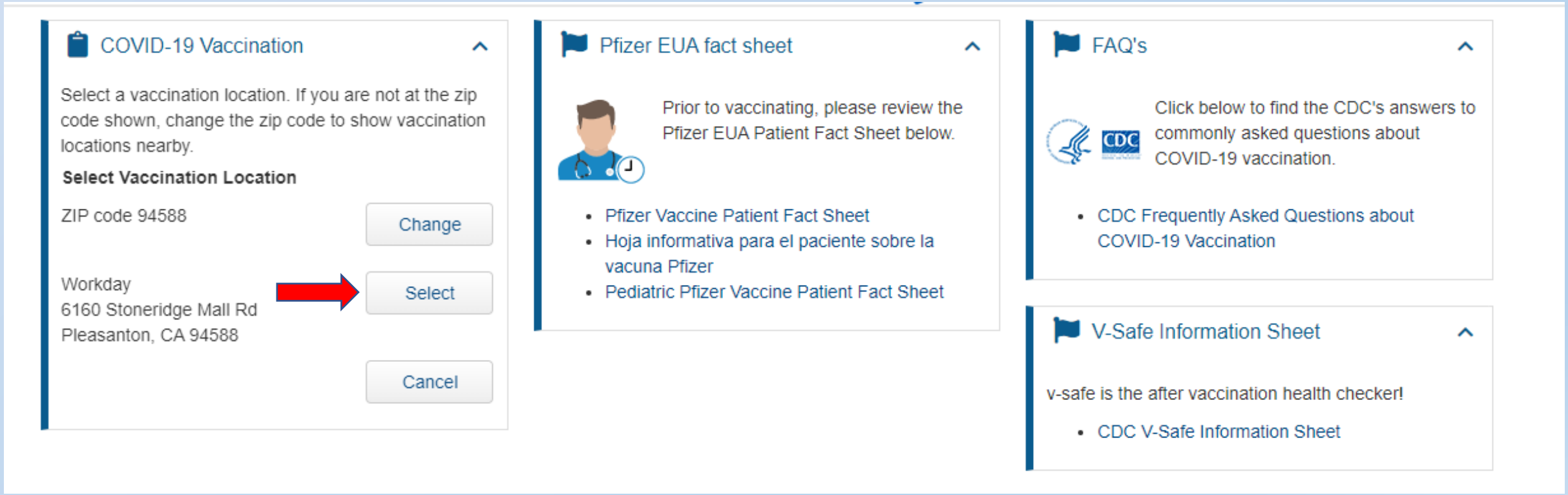
Have you ever had an allergic reaction to a component of a COVID-19 vaccine including Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steriods?
- Yes
- No

Have you ever had an allergic reaction to a component of a COVID-19 vaccine including Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?
- Yes
- No

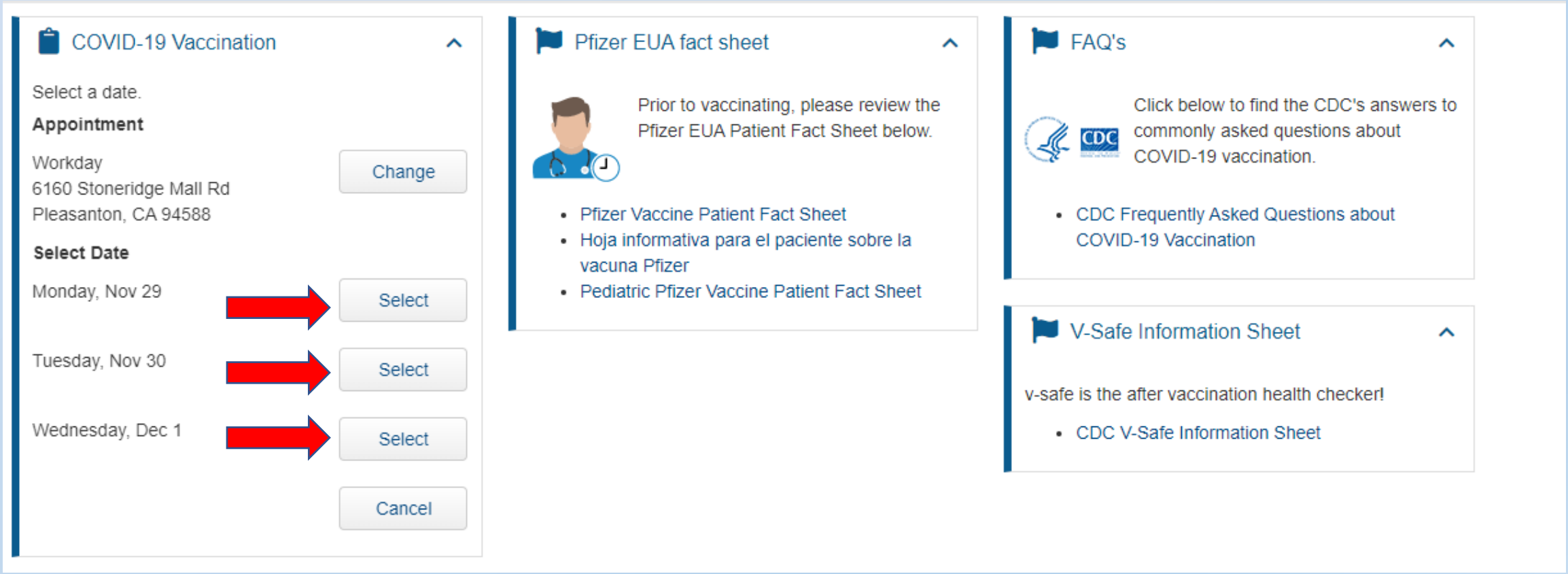
Cancel | Next

TYPE IN YOUR ZIP CODE AND HIT SEARCH(YOUR ZIP CODE SHOULD AUTO POPULATE)

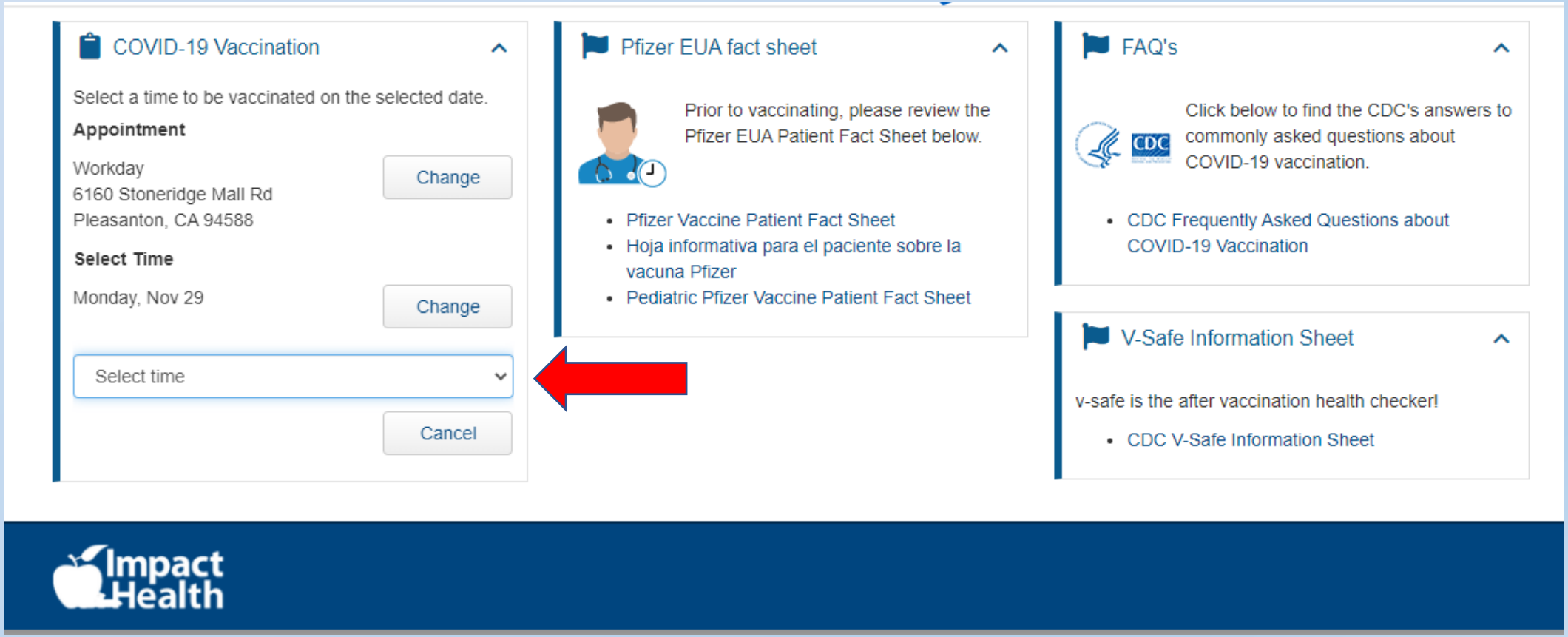
ALL LOCATIONS OFFERING A VACCINE CLINIC THROUGH YOUR EMPLOYER WILL APPEAR HERE. CLICK ON THE SELECT OPTION NEXT TO THE LOCATION ADDRESS THAT APPEARS.



CLICK “SELECT” NEXT TO THE DAY YOU WOULD LIKE TO SCHEDULE AN APPOINTMENT FOR.



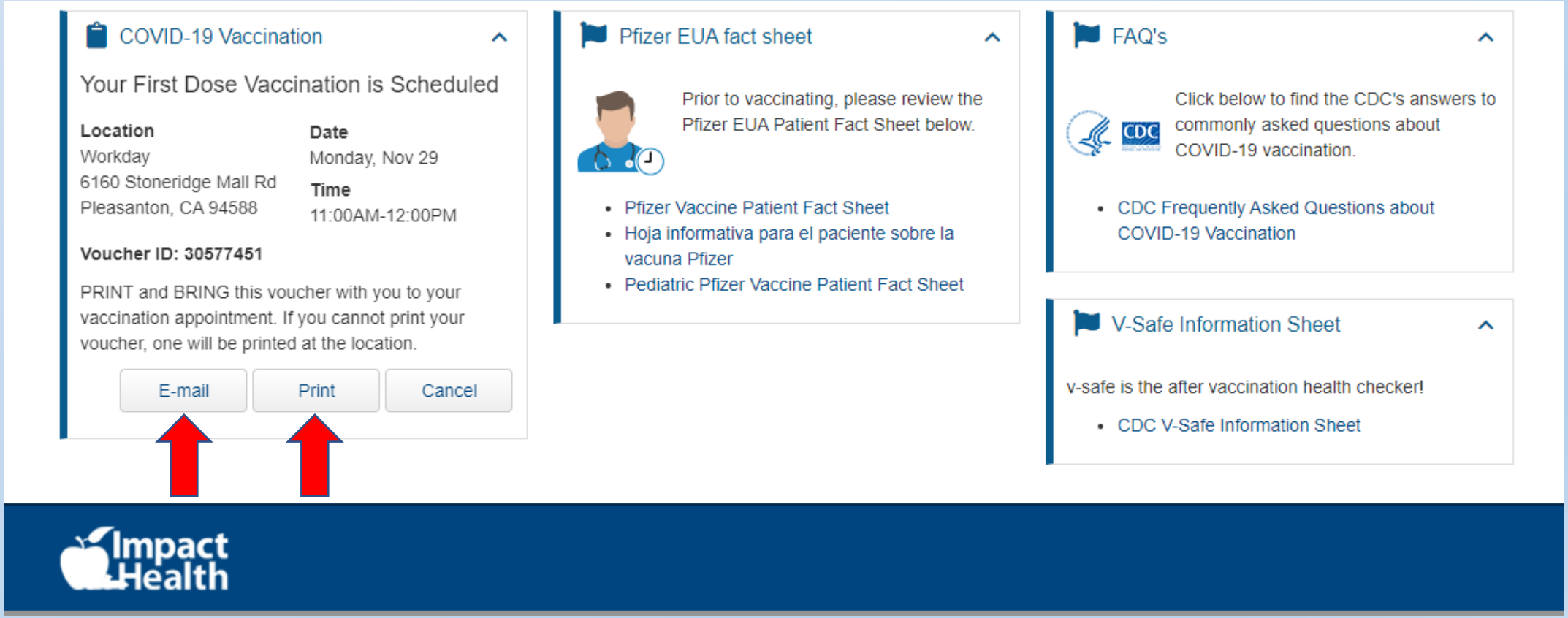
CLICK THE DROPDOWN ARROW TO SELECT A TIME



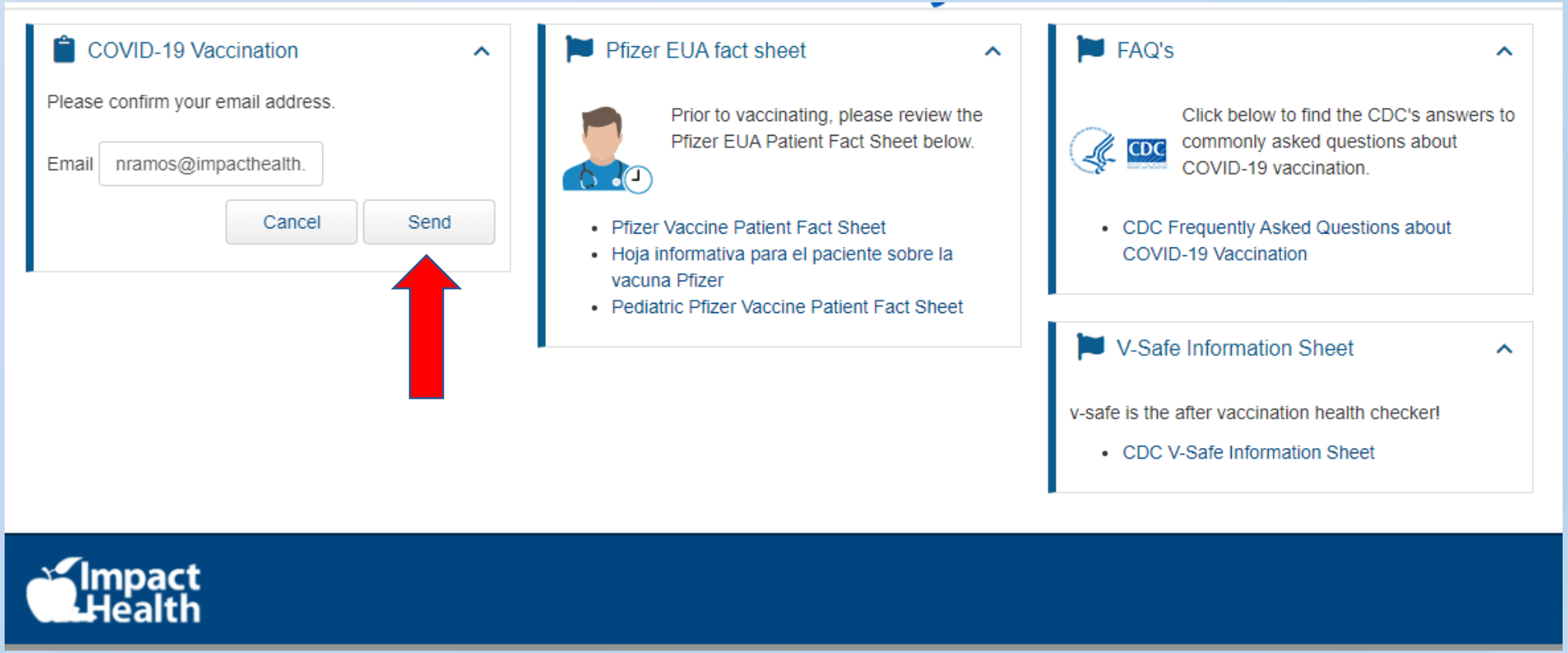
ONCE TIME HAS BEEN SELECTED, PLEASE CLICK CONFIRM.

PLEASE CLICK EMAIL OR PRINT TO OBTAIN THE VOUCHER ID, AS YOU WILL NEED THIS VOUCHER ID NUMBER TO CHECK INTO YOUR APPOINTMENT UPON ARRIVAL.

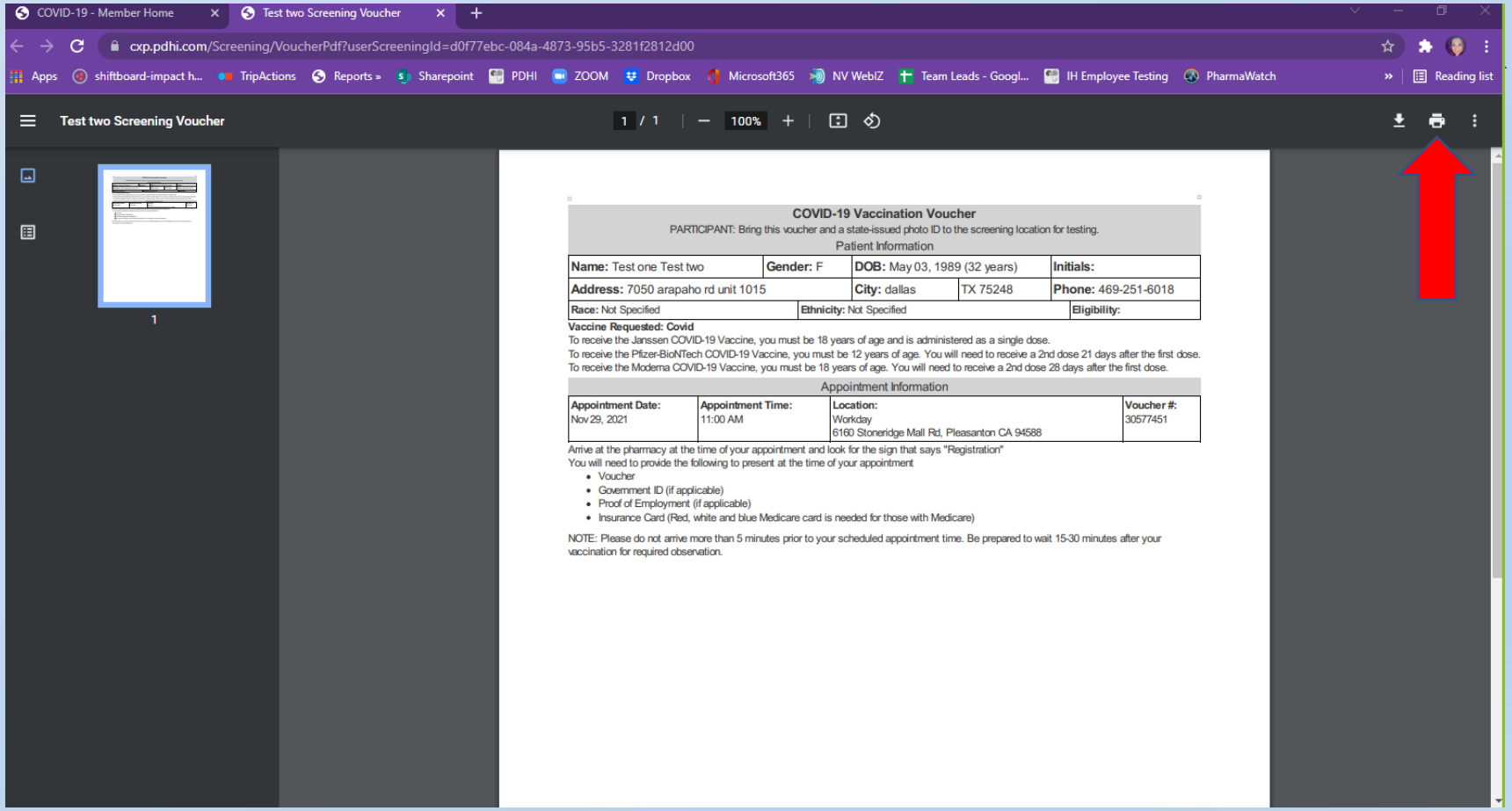
DO NOT CLICK CANCEL!



IF YOU CLICK EMAIL, VERIFY EMAIL ADDRESS AND CLICK "**SEND**"



IF YOU CLICK PRINT, THE DOCUMENT WILL APPEAR OPEN IN ANOTHER TAB AND <u>YOU WILL PRINT FROM THAT TAB</u>.



REGISTRATION IS NOW COMPLETE! YOU CAN LOG BACK INTO THE PORTAL, IF NECESSARY, WITH THE USERNAME AND PASSWORD YOU CREATED IN THE BEGINNING OF THE REGISTRATION PROCESS TO CHANGE OR CANCEL THIS APPOINTMENT IF NECESSARY.