Steps for scheduling a COVID immunization appointment:

- 1. **Pre-register at <u>www.vaccines.nh.gov.</u>** This allows the State of NH to approve you for the next step. Prepare to answer questions about medication and allergies. Sharing health insurance information is optional.
- 2. You will receive the *first email* from the CDC stating you are 'designated as a priority group for immunization.' Click on the link 'here' to continue.



3. You will be brought to the VAMS welcome page and will be asked for your address and re-registration status.

VAMS Vaccine Administration Management System
Welcome to VAMS
Welcome to the Vaccine Administration Management System (VAMS). Registering for this application allows for you to be pre-screened and, if qualified, register for an account and schedule your COVID- 19 vaccination. Creating an account will allow for your State Health Department and The Centers for Disease Control and Prevention to collect your information to use in public health data analysis. Your name or other information that may identify you will not appear when we talk about the vaccine or results from the analyses.
Confirm the following questions to register your account.
* Have you already registered as a vaccine recipient with VAMS?
Ves No
* My home address is located in
* State
Select a State
*County

4. Once these welcome questions are answered, you will see a screen asking for a confirmation code. This code will be sent in a second email by the CDC. This email provides the confirmation code you must enter to move to the next step.

Two-factor authentication		
A code has been sent to Your provided email This code code will be generated for the next 60 minutes. If you don't re requesting a new one. * Confirmation Code		
		Verify

5. You will be brought to the VAMS account password creation page.

Hi, Please create your A Recipient Module	Welcome to VAMS Account to Access the
Your Username Your provided email	*TIP* Your account username is your email address.
Your password must be at least 8 ch categories:	aracters long and include at least 3 of the following
 1 uppercase character 1 lowercase character 1 number 1 special character (1) 	*TIP* This requires a long password. Write your password down in a
* Create Password	safe place once created.

6. Once you've created a password for your account, which will allow you access to the Recipient Module, you will be asked to enter in your personal information including required cell phone number and address.

VAMS Recip	pient Portal e Administration Management Syster	m		•
		Register my account		
My Information	Medical History	Insurance	Organization	Review
Salutation				\$
* First Name				
Middle name				
* Last Name				
Username I.com				

* Date of birth				
* Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown / Not Reported			*TIP* Click on selection and press right arrow to apply it.	
*Race				
Available Options		Selected Options		
American Indian or Alaska Native	•			•
Asian				-
Black or African American	•			·
Native Hawaiian or Other Pacific Isla				
White				

7. The next page will ask for your allergy and medication information.

* Low compatibulitations in a province because	
* I am currently living in a nursing home.	*TIP*
Yes	Have a list of health
No	conditions, allergies
	and medications ready
	for this step.
* Indicate any known allergies	
Crustacean shellfish (e.g. crab, lobster, shrimp)
Eggs	
Fish (e.g. bass, flounder, cod)	* Indicate any known existing conditions
Food	Asthma Serious Heart Conditions
Gelatin/Egg Protein	Liver Disease
Latex	Chronic Lung Disease
	Chronic Kidney Disease
Medication(s)	Diabetes
Milk	Severe Obesity
Neomycin	Immunocompromised
Peanuts	No existing conditions
Soybeans	List any medications
Thimerosal	
Tree nuts (e.g. almonds, walnuts, pecans)	
Vaccine or vaccine component	
Wheat	
Yeast	List any other relevant medical information
✓ Other	
No existing or known allergies	
* Indicate any known existing conditions	

8. Next you will be asked to verify your, 'organization,' which is designated by the state. Choose your priority group according to the COVID vaccine timeline.

Priority group	
Age 65 and older	▼
Add Organization	

9. Now you have completed the pre-registration and registration process. Next you will be asked to 'Schedule a Vaccination Appointment.' You will need to identify your address and zip code and how far you are willing to travel.

VACCINE Administration Management St	ystem
Schedule an appointment	*TIP* Once you enter your address, zip code
Clinic location	and location distance you will be brought to the CALENDAR. Here you
Address r ZIP code	will attempt to choose dates for your appointment. Don't be discouraged if you can't choose one right away - as of January 25, bookings may be as late as March or April. Keep trying until you find one that is available.
Vithin 10 miles	
Search	

10. Use the map and list to the left to choose your preferred clinic.



11. Upon choosing a location you will be asked to confirm the date, time and location you have selected (in the past two steps) for your appointment.

Clinic Location
State of NH-Concord
270 Loudon Rd Concord, New Hampshire - 03301
Previous

Date and Time	
, 2021	
	Submi

12. Once you confirm your appointment information, press 'Submit.' You are now registered and have been scheduled for your COVID vaccination!

13. You will be sent a *third email* with confirmation that you are scheduled for an appointment, as well as a QR code. You may scan this, or take a picture of it, to use for quick check-in for the appointment at your chosen location. You can also use the username and password you created for check in at your appointment.



14. You will need to bring proof of residency with you to your appointment.