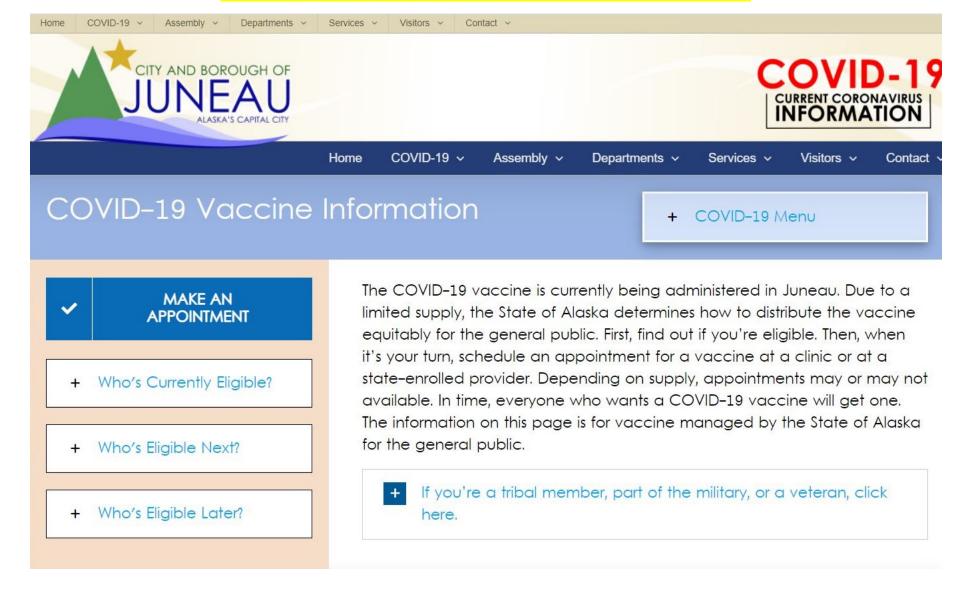
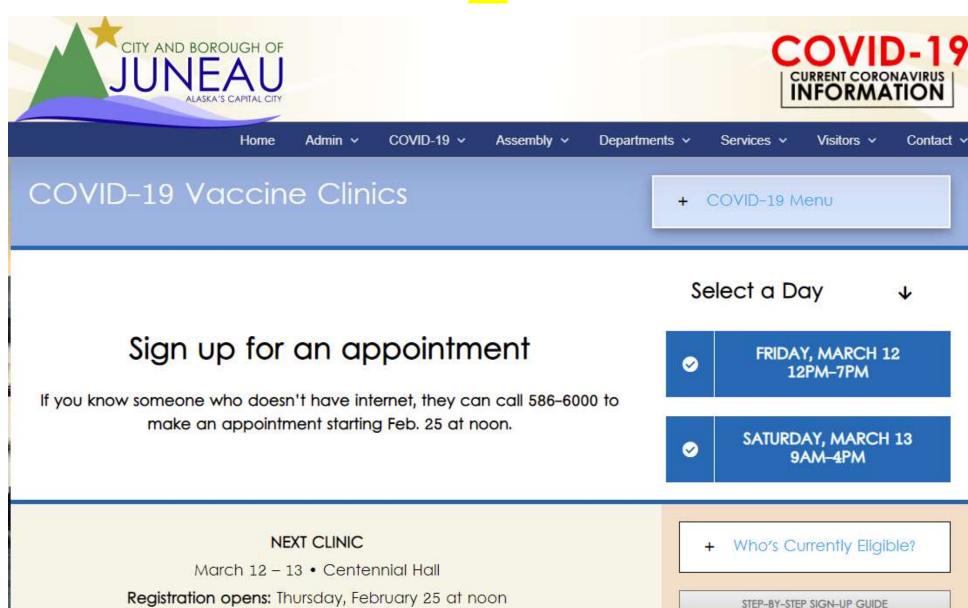
To get to this page, visit https://www.juneau.org/vaccine

Online sign-up is easiest to do on a desktop, laptop, or tablet. We recommend Firefox, Chrome, or Safari; do not use Microsoft Edge.

To start the appointment process, click on the "Make an Appointment" button. (About 100 phone-based appointments are available as well for people who don't have internet – call 586-6000)



On this page, select the blue button that corresponds with your preferred date. You must be available 21 days later for a 2nd shot.



This is the first page of the sign-up process, all of the fields marked with red asterisks are mandatory fields. If you do not have an email address, reach out to a family member or friend who is not making an appointment for this clinic and ask to use theirs.

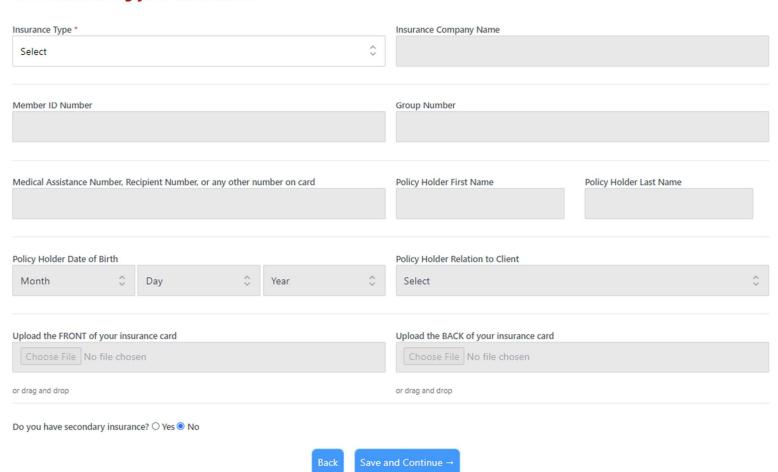
Sign Up for Vaccinations - TestVenue1 on 01/13/2021 **HEALTH INSURANCE** HEALTH QUESTIONS ADD FAMILY CONSENT FOR SERVICES REVIEW APPOINTMENT PERSONAL INFORMATION Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older First Name * Middle Initial À Last Name * Ethnicity * Occupation * Date Of Birth * Gender * Race * Age Day 🗘 Year 0 Select Select Select Month Select Email Address * Retype Email Address * Primary Phone Number * Phone Number Type Select Address * Zip Code * City * State * Save and Continue

This is the second page of the sign-up process. We cannot remove this page entirely, but we have blocked everything that can be blocked out. We are not collecting insurance information – these vaccination clinics are 100% free. Please select any option under "Insurance type" and click "Save and Continue"

Sign Up for Vaccinations - TestVenue1 on 01/13/2021



The vaccine is being provided at no cost by the government. Your insurance will be charged for the costs of administering your vaccination.



This is the first part of the third page of the sign-up process. These questions are a mandatory part of the vaccination process.

Sign Up for Vaccinations - TestVenue1 on 01/13/2021



Click here to review the Pfizer-BIONTECH COVID-19 Fact Sheet: https://www.fda.gov/media/144414/download

Click here to review the Moderna COVID-19 Fact Sheet: https://www.fda.gov/media/144638/download

You must complete all fields with a star.

Do any of the following apply to you?

Is this your first or second COVID-19 vaccination? *

O First O Second

Do you have any of the following chronic health conditions? Have you previously received a COVID-19 vaccine? *

○ Yes ○ No ○ I don't know

Cancer

Chronic Kidney Disease

- COPD (Chronic Obstructive pulmonary disease)
- Heart conditions, such as heart
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2
- Severe Obesity (BMT >= 40 kg/m2)
- Pregnancy Sickle Cell disease
- Smoking
- Type 2 diabetes mellitus *

○ Yes ○ No ○ I don't know

This is the second part of the third page of the sign-up process. These questions are a mandatory part of the vaccination process.

Have you had	a severe allergic reaction	(e.g., anaphylaxis)
after receiving	COVID-19 vaccine? *	

○ Yes ○ No ○ I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *

○ Yes ○ No ○ I don't know

Do you have a fever? *

○ Yes ○ No ○ I don't know

Are you pregnant? *

○ Yes ○ No ○ I don't know

Are you breastfeeding (nursing)? *

○ Yes ○ No ○ I don't know

Have you had a severe allergic reaction (e.g. anaphylaxis) to another vaccine (not including Pfizer-BioNTech Vaccine) or any other injectable medication? *

○ Yes ○ No ○ I don't know

Are you immunocompromised (have a weakened immune system such as cancer, leukemia, HIV/AIDS, or any other immune system problem) or are you taking medication that affects your immune system? *

○ Yes ○ No ○ I don't know

Are you feeling sick? *

○ Yes ○ No ○ I don't know

Could you become pregnant in the next several weeks? *

○ Yes ○ No ○ I don't know

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.

Back

Save and Continue

This is the first part of the fourth page of the sign-up process. Check the box next to the vaccine you intend to receive (in this case we are only offering one: Pfizer-BioNTech COVID-19 Vaccine).

Sign Up for Vaccinations - TestVenue1 on 01/13/2021



Please select the desired vaccine for each patient

Vaccines for: Jane Doe *

Pfizer-BioNTech COVID-19 Vaccine (EUA Fact Sheet)

If this is your second dose, you must get the same vaccine brand to be considered fully vaccinated

CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

Health care services are confidential. No information is released without your consent except as may be required under public health and safety laws. Information used for evaluation and planning purposes never includes personal identifiers. To access a digital copy of DHSS notice of privacy practices please go to the following website: http://dhss.alaska.gov/dph/Nursing/Documents/Registration%20Forms/DHSS_Notice_of_Privacy_Practices.pdf

By completing this form, I am acknowledging:

- (1) The information provided is correct
- (2) I have read the EUA Fact Sheet provided
- (3) I understand the risks and benefits of getting the vaccine(s) and consent for me and my family to be vaccinated
- (4) Any questions I had about the vaccine(s) have been answered;

This is the second part of the fourth page of the sign-up process. You may either sign or type your name to indicate consent. It is possible for someone to sign another individual up by selecting, "Parent/Guardian, Spouse, or Other" under "Relationship to Patient" and typing the first and last name of the person completing the sign-up process.

SIGN MY NAME		TYPE MY FULL NAME				
Please sign your name here with your finger or a mouse *						
01/09/2021						
Relationship to Patient *	First Name *		Last Name *			
Select \$\hfigs\tag{\chi}						
	Back	e and Continue →				

This is the fifth page of the sign-up process where you review everything submitted so far. This page is not shown in its entirety for brevity.

Sign Up for Vaccinations - TestVenue1 on 01/13/2021



Review Your Details

Please review all of the details you have entered. To make any corrections, please click Back to return to previous screens.

Personal Information

First Name	Middle Initial	Last Name
Jane		Doe

This is the sixth and final page of the sign-up process, where you select a specific appointment time. Please plan to show up to the clinic within 5 minutes of your appointment time. If you show up early, please plan to wait in your vehicle until your appointment time. Your 2nd dose appointment will be scheduled precisely 21 days later. After you click on "Save and Continue" you will receive a confirmation message in your browser as well as an email confirming your appointment. If you get an error message: this means someone else booked the final appointment in that time slot. Try using the "back" button in your browser to pick a different time slot. You can also go back to the beginning and try the other day.

If you assisted someone with signing up who will need translation services (including sign-language) at the clinic, please email covidquestions@juneau.org so that those services can be arranged.

Sign Up for Vaccinations - TestVenue1 on 01/13/2021



Please select a time for your appointment

Time	Appointments Available		Time	Appointments Available
View A	Appointments From 09:00 am to 10:00 am	>	O 09:00 am	29 appointments available
View Appointments From 10:00 am to 11:00 am		>	O9:15 am	29 appointments available
View A	Appointments From 11:00 am to 12:00 pm	>	O 09:30 am	30 appointments available
			O 09:45 am	29 appointments available
Find And	other Location			Back Save and Continue →