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. A number of 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.



This is the first page of the sign-up process. Select an appointment time and click "save and continue" (not shown). Once you do, you will have 15 minutes to complete the remainder of the sign-up process.

Sign Up for Vaccinations - Centennial Hall on 04/02/2021



Please select a time for your appointment. The selected time slot will be held for 15 minutes.

Time	Appointments Available		
O 12:00 pm	28 appointments available		
O 12:10 pm	28 appointments available		
O 12:20 pm	28 appointments available		
O 12:30 pm	28 appointments available		
O 12:40 pm	28 appointments available		
O 12:50 pm	28 appointments available		

This is the second 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.

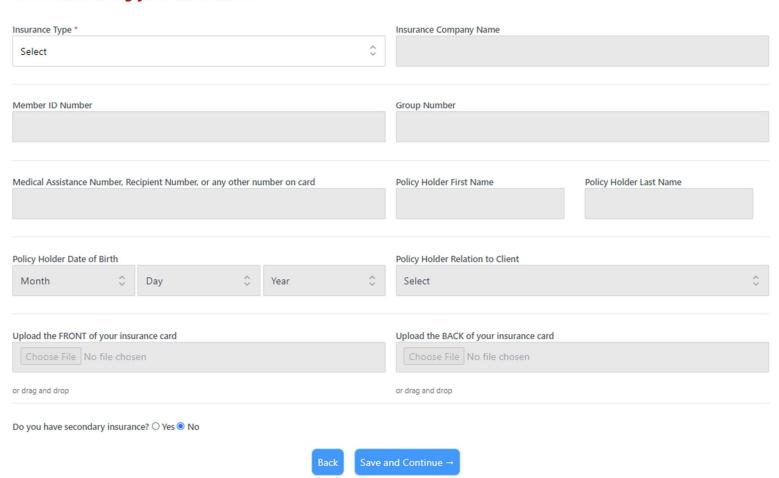
Sign Up for Vaccinations - TestVenue1 on 01/13/2021 **HEALTH INSURANCE** HEALTH QUESTIONS ADD FAMILY CONSENT FOR SERVICES REVIEW APPOINTMENT PERSONAL INFORMATION Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older First Name * Middle 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 third 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 of the options 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 fourth page of the sign-up process. These questions are a mandatory part of the vaccination process.

Sign Up for Vaccinations - Centennial Hall on 04/02/2021



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

Click here to review the Janssen COVID-19 Fact Sheet: https://www.fda.gov/media/146305/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

Have you ever had a severe allergic reaction (anaphylaxis or other reaction requiring immediate treatment) to anything? Please consider the following: *

- A previous COVID-19 vaccine
- polyethylene glycol (PEG) found in some medications such as laxatives and preparations for colonoscopy procedure
- Polysorbate found in some foods, pharmaceuticals, cosmetics
- Shellfish, eggs, nuts, or other foods *
- Yes No I don't know

Do you have other allergies that cause a moderate reaction including hives, swelling or respiratory distress (including wheezing)? *

○ Yes ○ No ○ I don't know

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

Have you received any vaccine in the last 14 days? * ○ Yes ○ No ○ I don't know	Have you ever had a positive test for COVID-19 or has a healthcare provider ever told you that you had COVID-19? * ○ Yes ○ No ○ I don't know		
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? * ○ Yes ○ No ○ I don't know	Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? *		
Do you have a bleeding disorder or are you taking blood thinners? * O Yes O No O I don't know	Are you pregnant, planning to become pregnant within the next month, or breastfeeding? * O Yes O No O I don't know		
Are you feeling sick today? If your appointment isn't today, choose "No". If you feel sick the day of your appointment, call 907-646-3322 to reschedule (write this down now for reference later). * Yes O No O 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.

If you receive Janssen (J&J) vaccine, you will receive one dose and not require a second dose.

Back

Save and Continue

This is the first part of the fifth page of the sign-up process. Check the box next to the vaccine you intend to receive (if more than one is being offered at whichever clinic you are signing up for, multiple options will be available here).

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 fifth 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 m	ouse *		
	Clear		
Date			
01/09/2021			
Relationship to Patient *	First Name *	La	st Name *
Select			
	Back Sav	e and Continue →	

This is the sixth and final page of the sign-up process where you review everything submitted so far. This page is not shown in its entirety for brevity. 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 (for Pfizer) or 28 days (for Moderna). 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 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



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