Vaccine Registration Guide for Patients

Thanks for your interest in getting the COVID-19 vaccine. The City's goal is to make the vaccination experience as easy and accessible as possible. We put together this document to help you navigate Signetic, the City's registration software. If you need assistance over the phone, please call the City's Customer Service Bureau at (206) 684-2489 from Monday through Saturday, between 8 a.m. - 5 p.m. In-language services are available by phone. Recovery starts with all of us doing our part. Thank you for doing yours!

Please note that the information requested by the registration application is required by the Washington State Department of Health (DOH). The City of Seattle does not share personal information with federal immigration enforcement agencies. City services - including vaccinations - are available to residents regardless of citizenship or immigration status.

First, access the online appointment system. If you are eligible for this clinic, the appointment system was already provided to you. From there, follow the below steps:

City of Seattle COVID-19 Vaccination

Vaccines are in limited supply and how many doses Seattle gets and who gets them is determined by the state and federal government. We are currently vaccinating people that meet the Washington State Department of Health's (DOH) eligibility criteria below.



Site availability

There are currently 2 clinics nearby with 1247 appointments available.

Step 1: Check Your Eligibility

Review the eligibility information, which will appear on your screen. This helps ensure you meet the DOH eligibility criteria

If Eligible: If you are able to check off any of the boxes, complete the self-declaration signature by entering in your first and last name, and checking the self-declaration box. Once done, proceed to next page.

If Ineligible: If you are not able to check any of the boxes, you are not eligible. Please note that none of the COVID-19 vaccines are currently approved for people under the age of 16.

Eligibility Questions Do you belong to any of the following categories that qualify for vaccinations? Lam a health care worker I am a first responder I am a long-term care facility resident I am at least 60 years old I am at least 50 years old and live in a multigenerational household I am a pre-kindergarten through 12th grade educator or school staff member I am a child care worker (does not include taking care of kinship) I am a high-risk critical worker in one of the industries described above I am at least 16 years-old and pregnant I am at least 16 years-old with a disability I am at least 16 years-old with at least two comorbidities or underlying health conditions I live, work, or volunteer in a congregate setting described above I am 16 years old or older Self-Declaration criteria First Name * Middle Name Last name * , attest that I am eligible for this phase of vaccination and agree to only proceed with registration if I meet all the above criteria. Please complete self-declaration criteria to move forward with the registration.

Step 2: Complete Health Screening Questions

You will be asked a series of Yes/No health screening questions and must input your answers.

If you answer "YES": If you answer "Yes" to a specific question and see red-colored text on the screen notifying you that you are not eligible for a vaccine, you must wait to be vaccinated or consult a medical professional. NOTE: Some "Yes" answers do not result in a disqualification. However, you may need to take extra precautions at the vaccination event. Note the blue-colored text in the Self-Declaration criteria section.

If answers "NO": If patient answers "NO" to all screening questions, then please ask patient their permission to check the self-declaration box. Once complete, proceed to next page.

| Screening Questions | | |
|--|---|-----------------------------|
| Do you have a new Covid-19 100.4F, shortness of breath, o | diagnosis or symptoms of Cov or loss of taste or smell? | vid-19 such as fever over |
| ○ Yes ○ No | | |
| Have you had any other vac | cine within 14 days? | |
| ○ Yes ○ No | | |
| Have you had a previous alle | ergic reaction to a COVID-19 va | accine? |
| ○ Yes ○ No | | |
| Have you received plasma o | r antibody treatment for COVII | D-19 within 90 days? |
| ○ Yes ○ No | | |
| Are you pregnant? | | |
| ○ Yes ○ No | | |
| Have you had any allergic re | action requiring hospitalizatio | n? |
| ○ Yes ○ No | | |
| Have you already received th | ne first dose of the vaccine? | |
| ○ Yes ○ No | | |
| Self-Declaration criteria | | |
| First Name * | Middle Name | Last name * |
| | | |
| | I am eligible for this phase of value if I meet all the above criteria. | |
| i Please complete self-c | declaration criteria to move for | ward with the registration. |

Step 3: Input Your Information

Input all patient information. Fields marked with a red asterisk (*) are required.

Contact Info: The City of Seattle strongly encourages you to provide at least a mobile phone or email. You can opt-out of providing email or mobile phone, but this means you will not have the ability to modify or cancel your appointment, receive reminders about your appointment, or be notified if your appointment must be rescheduled due to weather or vaccine supply. If you do not have a mobile phone or email, you can put in the contact information of a trusted family member or friend, who can remind you of your appointment.

Referring Organization: Input how you learned about this vaccination clinic.

Terms and Conditions: Once you have read through the Terms and Conditions, check both boxes to indicate you have read the above information.

Signature: Click into the "Signature" box and sign your name. A squiggle line is fine. Click "Select Clinic and Time" once signed.

| First Name * | Middle name | | Last name * Last Name | |
|-----------------------------|-----------------------|----------------------------|-----------------------|--|
| Birth month * | Day * | | Year * | |
| Ethnicity * | | Race * | | |
| Gender * | | Primary Language * English | | |
| Mobile no. * | | | | |
| Email address * | | Opt out | | |
| Confirm email address * | | | | |
| Referring Organization | | | | |
| ✓ By checking this box I ag | ree to all of the ter | ms for digital cor | nmunication around my | |

PATIENT ADDRESS Home Address * Apt / Unit City * Zip Code *

Step 4: Clinic and Timing

You have made it to the final step. You're almost done! To finish, please do the following:

- 1. Select the available/your preferred clinic location to make an appointment.
- 2. Select "Choose data and time for appointment" and click on the circle of the date that is available for you. Once you select the first dose, options for the second dose will appear. Click, "Select."
- 3. Next, click the "I am not a robot."
- 4. It can take up to 30-45 seconds for the appointment to process. Please be patient!
- 5. Check to make sure the patient received a confirmation email or text.



