

How to Register for a Coronavirus (CoVID-19) Vaccination Using the PrepMod Scheduling Software

In order to register online for your CoVID-19 vaccination appointment, you will first need to receive an emailed [access link](#) (“invitation”). The email will be from: “Vaccination Clinics <no-reply@multistatep4p.com>”. If you do not see your invitation in your In Box, check your Spam or Junk folder. Click on the link within your invitation and the below page should appear on your Internet browser. [NB: PrepMod, our scheduling software, works best with Microsoft’s “Edge” or Google’s “Chrome”]



Sign Up for Vaccinations - Baltimore City Health Department CoVID-19 BCCC POD on 12/31/2021



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

Time	Appointments Available
<input type="radio"/> 10:00 am	1 appointments available
<input type="radio"/> 11:40 am	1 appointments available
<input type="radio"/> 01:20 pm	1 appointments available
<input type="radio"/> 03:00 pm	1 appointments available
<input type="radio"/> Add To Waiting List	Someone will contact you about your appointment.

- Choose the available time slot that best fits your schedule. Select “Add to Waiting List” if all appointment slots are filled and you still wish to attend the clinic if an opening occurs. Select the blue “Save and Continue” command button at the bottom of the page to save your selection.
- You should then see the below screen on which you will complete your registration. The online registration form consists of seven ⑦ parts which must be completed within 15 minutes. Note that some fields have a red asterisk “*.” These indicate data fields that you must complete before PrepMod can advance to the next part.

① “Appointment” – This part was completed when you chose your appointment time.

② “Personal Information” – Includes information about your name and contact information, etc. Select the blue “Save and Continue” command button at the bottom of the page to move forward.

③ “Health Insurance” – The Baltimore City Health Department will not bill your medical insurance nor otherwise charge you for the CoVID-19 vaccine. Therefore, answer only the first question that asks for

your “Insurance Type” (i.e. Private, Medicare, No Insurance, etc). Select the blue “Save and Continue” command button at the bottom of the page to move forward.



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Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 vaccine and Janssen Covid-19 vaccine are for people 18 years and older

First Name *				Middle Initial			
Last Name *	Suffix	Select		Mother's Maiden Name *			
Race *	Ethnicity *	Occupation *	Date Of Birth *		Age	Gender *	
Select	Select	Select	Month	Day	Year		Select
Email Address *	Retype Email Address *		Primary Phone Number *		Phone Number Type		
Address *		City *	State *		Zip Code *		
County *							
Select							

[Back](#) [Save and Continue →](#)

④ “Health Questions” – In order to assess any added risks that you may have in receiving the CoVID-19 vaccine, please answer the fourteen health related questions on this page. Note also that copies of the vaccine manufacturers’ fact sheets can be downloaded from here. Select the blue “Save and Continue” command button at the bottom of the page to move forward.

⑤ “Add Family” – This part is skipped. You will need to complete a separate online registration form for each family member.

⑥ “Consent for Services” – Please read the consent statement. If you agree and give your permission to be vaccinated, please either sign your name / initials (if working with a touch screen), or type in your

name in the space provided. Select the blue “Save and Continue” command button at the bottom of the page to move forward.

⑦ “Review” – Please review your registration form. If there are any errors, select the blue “Back” command button at the bottom of the page to go back and make corrections. Select the blue “Save and Continue” command button at the bottom of the page to move forward.

After completing your online registration, PrepMod will email you a confirmation (see below) with the clinic location, address, date & time to the email address you indicated in part ②. As before, the email will be from: “Vaccination Clinics <no-reply@multistatep4p.com>”. Please bring a phone or printed copy of this confirmation to the clinic to verify your appointment. Note that you have the option to either [Reschedule](#) or [Cancel](#) your appointment.

From: Vaccination Clinics <no-reply@multistatep4p.com>
Sent: Wednesday, March 99, 2021 12:00 PM
To: Last Name, First Name <FirstName.LastName@xxx.com>
Subject: Your Vaccination Appointment is Confirmed!

This message is to confirm that FirstName MI LastName is scheduled for a vaccination appointment at:

Venue/Location: Baltimore City Health Department CoVID-19 BCCC POD
Address: 2901 Liberty Heights Ave, Baltimore, MD, 21215
Date: 12/31/2021
Time: 12:00 pm

To reschedule your appointment, click [Reschedule](#)
To cancel your appointment, click [Cancel](#)

We look forward to seeing you!
Your Vaccination Provider

Please DO NOT REPLY TO OR SEND email to this address. Your message will not be returned. Please contact your vaccination provider.

The contents of this email is confidential and intended for the recipient specified in the message only. It is strictly forbidden to share any part of this message with any third party. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is strictly prohibited. If you received this message, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.