

## Covid-19 Vaccine Registration Portal Instructions

Page	Description
Homepage	<p>The Department of Health and Human Services Covid-19 Vaccine Registration Portal collects the information needed to determine your Covid-19 vaccination prioritization using guidance from the Center of Disease Control (CDC) and the Nebraska Covid-19 vaccination plan. If you are unable to complete this form online, please ask a healthcare provider, friend, neighbor, or family member for assistance.</p> <p>The system will only allow you to submit your request once. When your designated phase is eligible to receive the vaccine, you will be notified via email or text message with instructions on how to schedule your vaccination appointment.</p>
Captcha	<p>As a protection against automated spam, you will be required to enter a series of letters and numbers that appear in an image on your screen to proceed to the vaccine questionnaire.</p>
Contact Information and Demographic Details	<p>The information you provide is vital in contacting you to schedule an appointment and identifying you at the time of your vaccination appointment. Review your responses carefully for accuracy.</p> <ul style="list-style-type: none"> <li>• Your first and last name are required. Providing your middle name is optional.</li> <li>• Enter your current address in the search field, the system will automatically begin the search as you type. When you see your address displayed, click on it and the city, state, zip code and county will automatically populate. <ul style="list-style-type: none"> <li>○ If the system is unable to locate your address, you will be required to enter the address, city, state, zip code and county.</li> </ul> </li> <li>• The system will use your email address, mobile or landline phone number to reach you regarding your vaccination appointment. If you do not have an email address or mobile phone, ask a friend or family member for help, or enter the Nebraska Hotline number (531-249-1873) or email address (<a href="mailto:dhhs.vacchotline@Nebraska.gov">dhhs.vacchotline@Nebraska.gov</a>).</li> <li>• Your Date of Birth will be used in the verification process at the time of your appointment.</li> <li>• Gender, ethnicity, and race are required fields; however, you are <u>not</u> required to provide this information. You may select “prefer not to answer.”</li> </ul>

<p><b>Work Type</b></p>	<ul style="list-style-type: none"> <li>• Work industry refers to the field or category in which you work. For example, sales, manufacturing, and healthcare are work industries.</li> <li>• Your job title describes your position and level on your job. For example, sales manager, warehouse worker, technician and fireman are job titles.</li> <li>• The worksite is the specific state and county in which you work.</li> <li>• Indicate whether you are active or retired military and receiving Tricare benefits.</li> <li>• Any previous reaction to vaccines is information helpful to the health care provider administering the vaccine. Consult with your health care provider if you have had a serious reaction that has resulted in hospitalization so that they can monitor and advise you.</li> <li>• If you are pregnant, you are recommended to receive the vaccine and you should consult with your doctor so that they can monitor and advise you.</li> <li>• Your history with receiving the flu shot and any previous reactions is information helpful to the health care provider administering the vaccine. Consult with your health care provider if you have had a serious reaction that has resulted in hospitalization so that they can monitor and advise you.</li> </ul>
<p><b>Health Conditions</b></p>	<p>Consider the state of your <u>current</u> health when selecting your responses. If you have any major health conditions, select them here. If the condition is no longer an issue, do not select it as part of your current health condition.</p>
<p><b>Verification</b></p>	<p>Carefully review the information you have entered so that we can:</p> <ul style="list-style-type: none"> <li>• Determine the phase and tier you are eligible to receive the vaccine.</li> <li>• Contact you for 1<sup>st</sup> and 2<sup>nd</sup> dose vaccinations.</li> <li>• Verify your identity at the time of your appointment.</li> </ul> <p>Ensure the healthcare provider administering your vaccination has accurate information related to your current health condition.</p> <p>You will not be able to change your information after you complete the verification page and click Next. If you want to print your answers, please do so before clicking the Next button.</p>
<p><b>Confirmation</b></p>	<p>The final page confirms you have successfully registered for the vaccination.</p> <ul style="list-style-type: none"> <li>• If you are eligible to receive the vaccine in the current phase, you will receive an email, text, or phone call with instructions on how to select a location, date, and time to receive your vaccination.</li> <li>• If you are not eligible to receive the vaccine in the current phase, a notification will be sent to you when your phase is eligible to schedule an appointment.</li> </ul>