

Vashon Pharmacy: Vaccine Scheduling Help

This document is being provided to help you know what to expect when it's your turn to register for the COVID vaccine. It is our hope that the form screenshots below can be used as a resource to get the information needed gathered before you begin the submission process.

Our primary goal is to not over-schedule. We have been taking extreme care to not over-book our fluctuating vaccine availability. Supply of the vaccine is not guaranteed week to week so we must be very careful in how we schedule customer's first round dose, as well as make sure we're not overloaded for the second dose appointments in the coming weeks.

To add to the complexity, we are administering both Moderna and Pfizer vaccines. Each of these vaccines has a different minimum sequence gap (21 days for Pfizer, 28 days for Moderna). This complicates our scheduling system. However, in the interest of vaccinating as many people as possible, we are moving forward with taking any vaccine supply that is allocated regardless of the manufacturer. This is what's best for the community.

You will see the scheduling site open and close based on our registration monitoring. Please be patient and keep trying if your submissions attempts fail. There's a tremendous interest in this potentially life saving vaccine and we're handling the demand as best we can. We appreciate your patience while we work through this very complicated scheduling process.

To put things in perspective, on the evening of January 25th we scheduled close to 850 Vashonites for both their appointments in less than two hours of the form being open. This is a notable percentage of the island population, and a huge, early-step for Vashon in getting past this pandemic.

Please continue to monitor <https://www.vashonpharmacy.com/COVID> for registration updates for the community.

Thanks!

-Vashon Pharmacy



COVID-19 Vaccine Registration Form

Please fill out the following form to help us screen for safety. Your submissions will be used to help us identify any possible risks you may encounter with the COVID-19 vaccine. Please note you will be asked to choose an appointment at the end of this form. We may ask you to change that appointment to an earlier or later date based on your submissions. It will be required that you wait for a period of 15 or 30 minutes depending on risk factors you identify in this form. Please plan accordingly. You must receive two doses of this vaccine at 21 or 28 days apart. Vashon Pharmacy will automatically book a follow-up appointment for your second dose at the same time you are receiving dose 1. Please advise if you require a change in that time or date.

BE SURE TO CLICK COMPLETE FORM AFTER SIGNING, IF YOU HAVE COMPLETED THE FORM YOU WILL SEE A GREEN CHECK MARK PAGE.

Save

Begin Form





Name *

Jane

First Name

Doe

Last Name

Social Security Number

*For Reporting to registry and insurance database search.

Birth Date *

MM-DD-YYYY

User may type numbers if scrolling difficult.

Gender

Male

Female

Email *

example@example.com

MEDICARE ID#

IF ON MEDICARE PLEASE SUPPLY YOUR MEDICARE # ON RED/WHITE/BLEU CARD (NOT SOCIAL SECURITY NUMBER)

Are you a current patient of Vashon Pharmacy with current address, contact and insurance information on file? (if we do not have this information it may prevent you from being able to receive the vaccine, please fill out if unsure) *

Yes

No

Back

Save

Next

Contact Information

If you selected yes previously and are confident information on file is accurate you may proceed by hitting next. Please fill out if unsure or if you selected No previously.

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Back

Save

Next

INSURANCE INFORMATION

PLEASE PROVIDE YOUR PRESCRIPTION INSURANCE COVERAGE INFORMATION

You may take a picture of your insurance card and upload it here instead of manually entering information if you wish. Click browse file to select or take your photo.



Browse Files

Drag and drop files here

RX BIN#

Insurance ID

Insurance Group #

Prescription Insurance PCN#

* Please provide if on card. Not all plans use this number

Back

Save

Next

Tip: Have a picture of your insurance card ready to upload. This is faster than typing the information in below.

Are you feeling sick today? *

- Yes
- No
- 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? *

- Yes
- No

Do you have a bleeding disorder or take a blood thinner? *

- Yes
- No

Have you ever had an anaphylactic reaction? Or do you carry an EpiPen for severe allergic reactions? *

- Yes
- No

Have you ever had a reaction to a Vaccine or component of a vaccine? *

- Yes
- No

If you answered yes, what reaction did you have and to what vaccine?

Type here...

Have you received any vaccine of any kind in the last 14 days? *

- Yes
- No



Have you had a positive test for Covid-19 or has a doctor ever told you that you had Covid-19? *

- Yes
 No

If you have tested positive previously, on what date was that positive test?

 

You may key in the date instead of using selector if easier mm-dd-yyyy

Have you ever received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for Covid-19? *

- Yes
 No

If you received antibody therapy on what date was the last therapy?

 

You may key in the date instead of using selector if easier mm-dd-yyyy

Back

Save

Next



Health and Medical History

Do you have any chronic health conditions?

- Yes
- No

If yes, select all that apply

- High Blood Pressure
- High Cholesterol
- Heart Disease
- Diabetes, Type 1 or 2
- Asthma, COPD, or other Pulmonary Condition
- Rheumatoid Arthritis or other Disease
- Thyroid Disorder
- Other

Please list all Medication allergies. This will require you to press save after each one.

Allergic to

SAVE

How do you plan to access our vaccination site? (Drive-Thru Preferred, Walk-Up Optional) *

- Drive Thru
- Walk-Up

Back

Save

Next

Eligibility and Appointment Selection

Please acknowledge and sign in the space provided below after selecting appointment date and time.

You may select an appointment at any time based on the slots available. Please read our Patient Arrival Instructions sheet provided in the email following submission so that you are prepared.

Vaccine Appointment: Dose #1

02/10/2021 Wednesday, February 10

February 2021

SUN	MON	TUE	WED	THU	FRI	SAT
			10			
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

9:00 AM 9:15 AM
9:30 AM 9:45 AM
10:00 AM 10:15 AM
10:30 AM 10:45 AM
11:00 AM 11:15 AM

America/Los_Angeles (GMT-08:00)

You've selected 11:00 AM on Wednesday, February 10, 2021

Pfizer sequence gap is 21 days: Please select a date for your second vaccine dose that is 21 days AFTER your first dose. Specifically, after the date below:

Wed Mar 03 2021

Vaccine Appointment: Dose #2

03/11/2021 Thursday, March 11

March 2021

SUN	MON	TUE	WED	THU	FRI	SAT
				11		
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

9:00 AM 9:15 AM
9:30 AM 9:45 AM
10:00 AM 10:15 AM
10:30 AM 10:45 AM
11:00 AM 11:15 AM

America/Los_Angeles (GMT-08:00)

You've selected 10:30 AM on Thursday, March 11, 2021

You must select an available time slot for each appointment for the "Complete Form" button to be visible.

Curious about which vaccine is being offered for your appointment?

Due to extremely high demand, scheduling two valid appointments is the most difficult part. If no appointments are showing available for appointment #2, it might mean you need to find a different date for appointment #1 since there is a 21 or 28 day gap required based on the vaccine being received.

associated with receiving vaccine(s), understand the risks and benefits associated with the above vaccine and have received, read and/or had explained to me the Emergency Use Authorization Fact Sheet on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.

- I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes (or more in specific cases) after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital.

- On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless the Vashon Pharmacy, the Washington Department of Health (DOH), and their staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above.

- I acknowledge that: (a) I understand the purposes/benefits of Washington's immunization registry and (b) Vashon Pharmacy will include my personal immunization information in the IS registry and my personal immunization information will be shared with the Centers for Disease Control (CDC) or other federal agencies.

- I further authorize Vashon Pharmacy or its agents to submit a claim to my insurance provider or Medicare Part B without supplemental coverage payment for me for the above requested items and services. I assign and request payment of authorized benefits be made on my behalf to Vashon Pharmacy or its agents with respect to the above requested items and services.

- I acknowledge receipt of the Notice of Privacy Rights.

By clicking signing below I accept these terms and conditions.

- I understand that Vashon Pharmacy may use my Name, Date of Birth, Medical Conditions and Allergy information in this form to help schedule, administer and treat me in the event of a medical emergency. The use of this information will be limited to only individuals directly working at the vaccination site or within Vashon Pharmacy as it relates to my care. This form information will not be shared in any way or form without my consent in the future. The record of this vaccination will be sent to Local and State authorities as required. *

Sign Here 

Clear

Back Save **Complete Form**



You can sign with your computer mouse/trackpad or use your finger if you are on a phone.

If everything is properly filled out, and both appointments properly selected, you should see the "Complete Form" button

If your submission was a success, this is the confirmation page you should see. Also, check your email for another confirmation.



VASHON PHARMACY

206-463-9118



Thank You!

Your submission has been received.
Customer: Jane Doe

We are holding an Appointment for you on Sunday, Jan 31, 2021 10:00 AM-10:15 AM -
America/Los_Angeles

and a 2nd Dose Appointment for you on Sunday, Feb 21, 2021 10:30 AM-10:45 AM -
America/Los_Angeles

Please notify us if you cannot make this appointment as soon as possible by calling 206-463-9118

Submission: 4878641694835263836