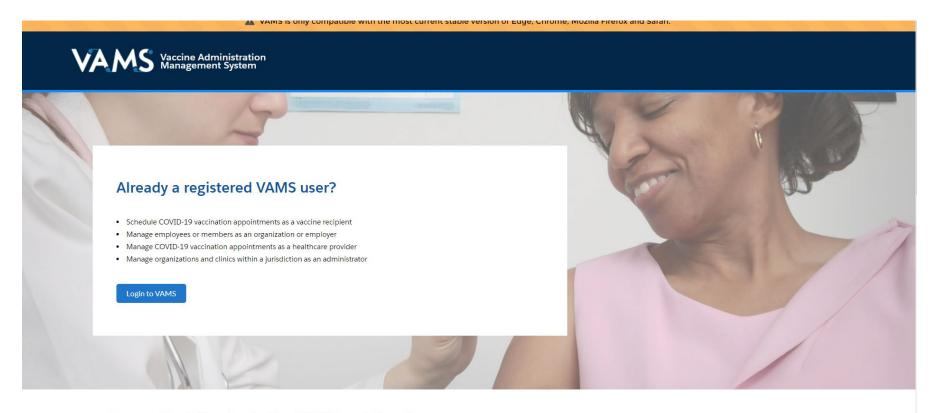
# The Process for Community Vaccinations

TANDEM HEALTH

## Vaccine Administration Management System

vams.cdc.gov



Access the following in the VAMS portal and more

#### **VAMS** Invitation



Your organization or employer designated you in a priority group for immunization.

Please schedule an appointment with a participating clinic through the following <u>link</u>. Thanks,

Centers for Disease Control & Prevention (CDC)

**Unsubscribe** to stop receiving all emails from VAMS.

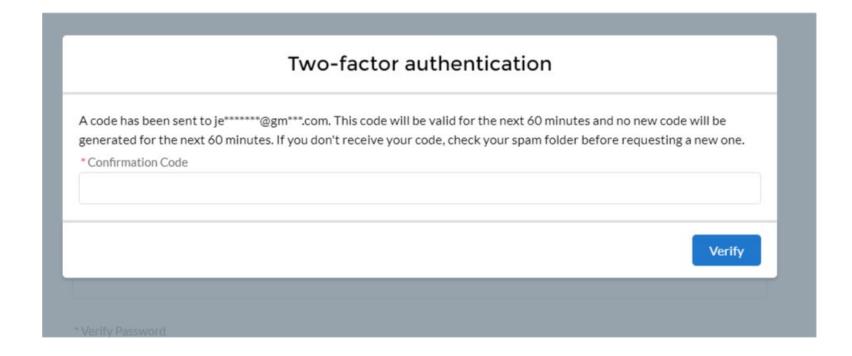
(Please note, unsubscribing will prevent VAMS from sending two-factor authentication emails during login and will prevent future access to VAMS. If you run into this problem, contact your organization administrator for help reactivating your profile.)

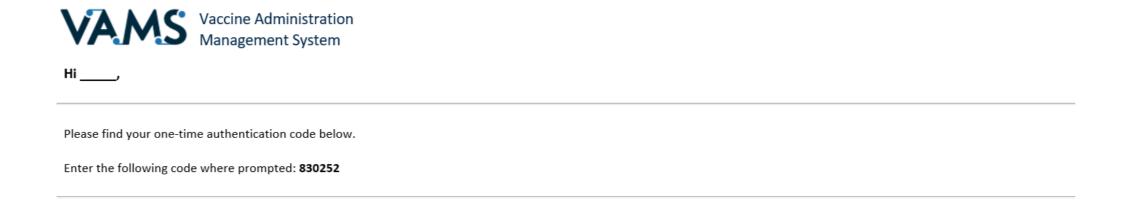
#### Welcome to VAMS

Welcome to the Vaccine Administration Management System (VAMS). Registering for this application allows for you to be pre-screened and, if qualified, register for an account and schedule your COVID-19 vaccination. Creating an account will allow for your State Health Department and The Centers for Disease Control and Prevention to collect your information to use in public health data analysis. Your name or other information that may identify you will not appear when we talk about the vaccine or results from the analyses.

Confirm the following questions to register your account.

* Have you already registered as a vaccine recipient with VAMS?  Yes  No	
* My home address is located in	
*State	
Select a State	•
*County	
Select a County	•
I'm not a robot  reCAPTCHA Privacy - Terms	





Unsubscribe to stop receiving all emails from VAMS.

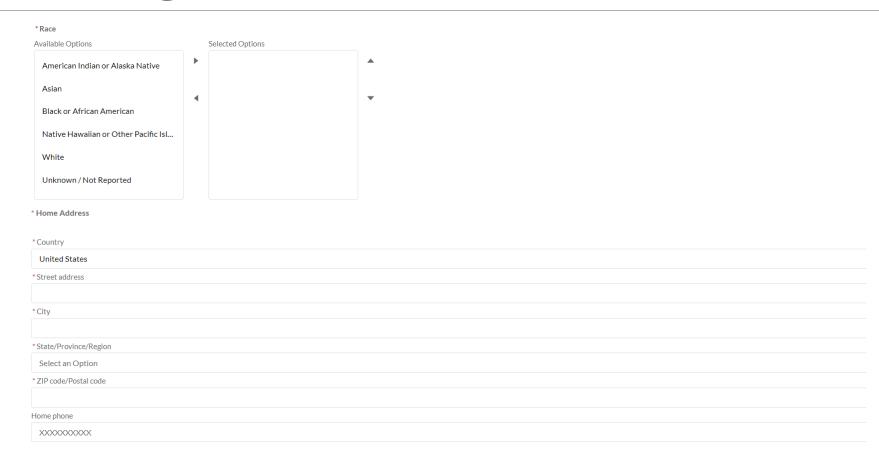
Please do not reply directly to this mail as your response will not be received.

(Please note, unsubscribing will prevent VAMS from sending two-factor authentication emails during login and will prevent future access to VAMS. If you run into this problem, contact your organization administrator for help reactivating your profile.)

#### Please create your Account to Access the Recipient Module

Your Usern	ame
Your pass	word must be at least 8 characters long and include at least 3 of the following categories:
• 1 up	ppercase character
<ul> <li>1 lo</li> </ul>	wercase character
• 1 nu	ımber
• 1 sp	ecial character
* Create Pa	issword
Complete t	his field.
* Verify Pa	ssword

Salutation	
None	
* First Name	
•	
Middle name	
* Last Name	
Username	
*Gender	
Female	
Male	
Decline to Specify	
Other	
* Date of birth	
☆	
*Ethnicity	
O Hispanic or Latino	
O Not Hispanic or Latino	
Unknown / Not Reported	
*Dana	

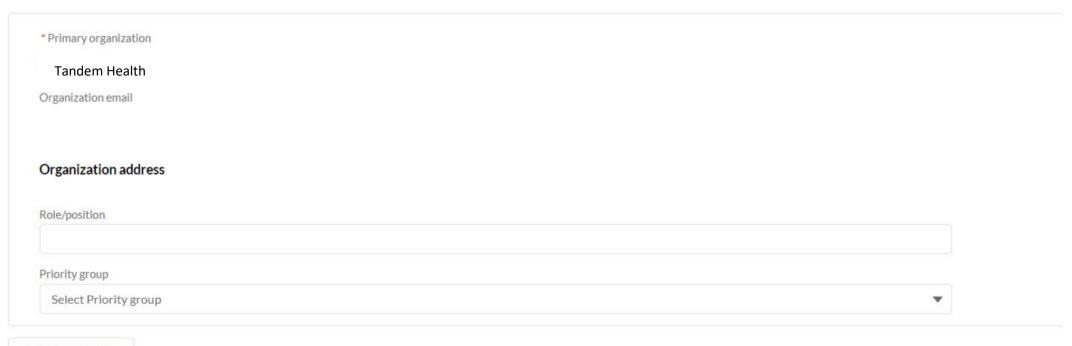


*Cell phone				
XXXXXXXXXX				
By providing your phone number, you agree to receive VAMS related voice calls from the CDC. If you would also like to receive SMS notifications, you must also check the SMS consent checkbox below.				
* My preferred method of contact for receiving messages about my VAMS appointment is:				
Email (default)				
SMS (by entering my phone number and selecting this option as my preferred method of contact, I consent to receive SMS messages from VAMS about my appointment**)				
**Message and data rates may apply, messages per month may vary. Text HELP for help and STOP to cancel.				
Terms and conditions				
View privacy policy				
Emergency contact name				
Emergency contact number				
XXXXXXXXXX				

l a	m currently living in a nursing home.
	Yes
	No
* II	ndicate any known allergies
	Crustacean shellfish (e.g. crab, lobster, shrimp)
	Eggs
	Fish (e.g. bass, flounder, cod)
	Food
	Gelatin/Egg Protein
	Latex
	Medication(s)
	Milk
	Neomycin
	Peanuts
	Soybeans
	Thimerosal
	Tree nuts (e.g. almonds, walnuts, pecans)
	Vaccine or vaccine component
	Wheat
	Yeast
	Other
	No existing or known allergies

* Indicate any known existing conditions	
Asthma	
Serious Heart Conditions	
Liver Disease	
Chronic Lung Disease	
Chronic Kidney Disease	
Diabetes	
Severe Obesity	
Immunocompromised	
No existing conditions	
List any medications	
List any other relevant medical information	

Provide applicable insurance information, if available.					
Insurance provider					
Group number					
Policy number					



Add Organization

\* I have reviewed and confirmed that the data above is correct.

○ Agree

Please select a choice.

Thank you for registering your account.

View your profile or get started scheduling your vaccination appointment.

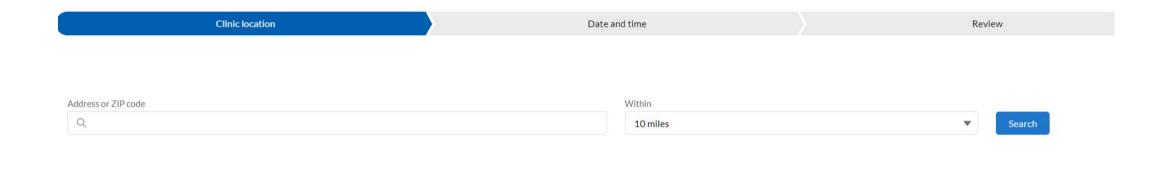
View portal

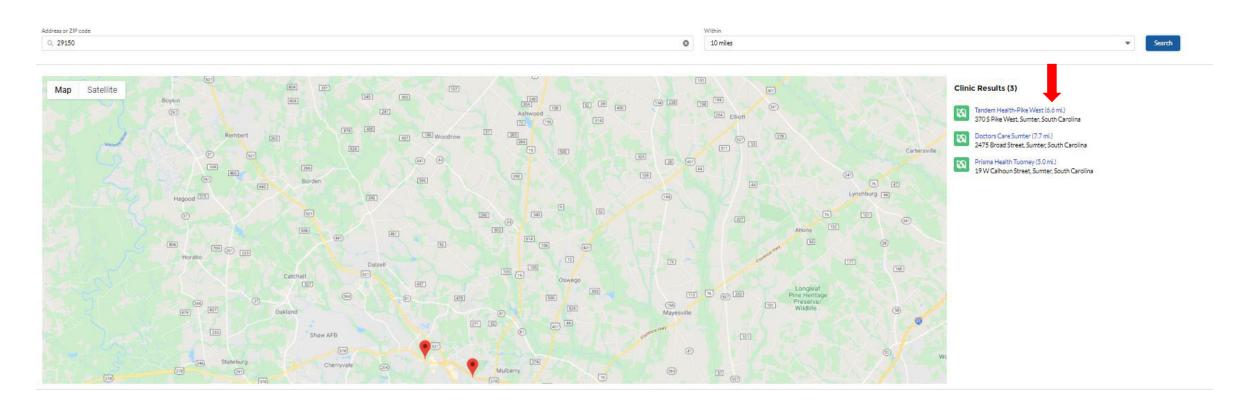
Schedule vaccination appointment

#### Schedule an appointment

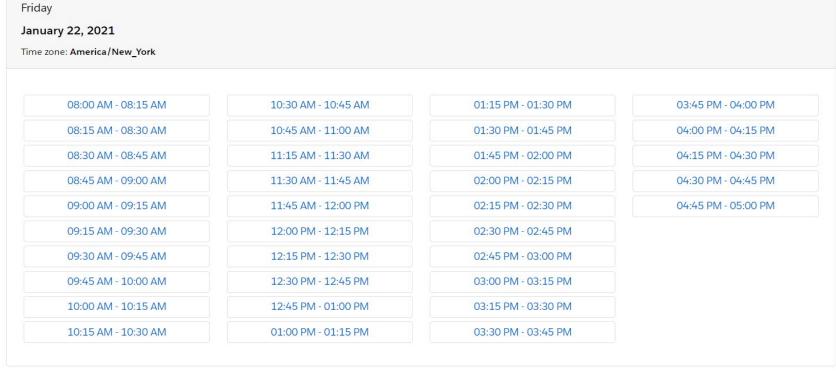
Before scheduling your appointment, please answer the question(s) below

- \* Have you ever received a dose of COVID-19 vaccine?
- ) No
- Yes, I received the Pfizer-BioNTech Covid-19 Vaccine
- Yes, I received the Moderna COVID-19 Vaccine
- Yes, but I don't know which COVID-19 vaccine I received









Clinic Location

Prisma Health Vaccination Site-Midlands

22 National Guard Road Columbia, South Carolina - 29201

Previous

Date and Time

Friday, January 22, 2021 01:15 PM - 01:30 PM

Submit



Check your preferred method of communication for next steps.

#### Prisma Health Vaccination Site-Midlands

22 National Guard Road Columbia, South Carolina 29201

Friday, Jan 22, 2021 1:15 PM - 1:30 PM



Use this QR code to quickly check-in to your Appointment you arrive at the clinic.