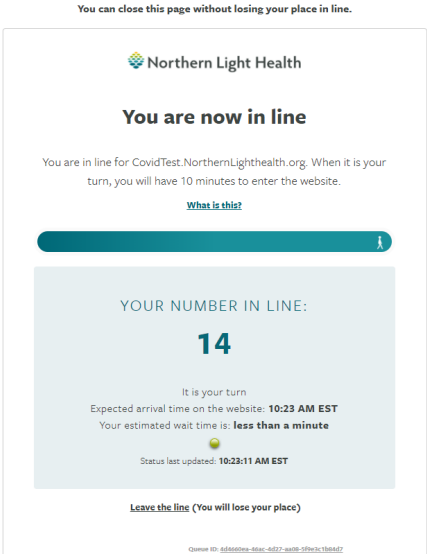



Northern Light Health COVID-19 Online Vaccination Scheduling Guide

To limit the time spent at the vaccination site, Northern Light Health requires community members to pre-register for their COVID-19 vaccination. By doing this ahead of time, we limit the risk of COVID-19 exposure for you and for our staff and speed up the vaccination process on site – allowing us to vaccinate more people at each clinic.

Before you start, make sure you have the following items:

- Personal information, like address, date of birth, and contact information.
- Insurance information if you have insurance. While the COVID-19 vaccine is free, administration fees help us staff and operate vaccination centers.

Step	Action
1	Go to https://covid.northernlighthealth.org/ on your web browser.
2	<p>If there are a lot of people on the scheduling website, you may go to our virtual waiting room. The waiting room ensures that our website stays online and holds your place in line. If you are not in the waiting room click the Register Here button to proceed with registration</p> 
3	<p>Select your preferred vaccination location from the drop-down list and click Next Step.</p> 

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

<p>4</p>	<p>Select an available appointment date from the drop down list that appears and click Next Step.</p> <div data-bbox="292 289 1437 882"><p>Progress bar: First Appointment (active), Second Appointment, Acknowledgement, Screening Questions, Demographics, Insurance</p><h3>First Vaccination Appointment</h3><p>(Step 1 of 6)</p><p>Please remember to bring a photo ID to your appointment.</p><p>Location: Bangor - Cross Insurance Center</p><p>Appointment Date: Choose...</p><p>The Northern Light Covid Vaccine Clinic is located at 515 Main St, Bangor, ME 04401 inside the Cross Insurance Center.</p><p>Next Step</p></div>
<p>4</p>	<p>Select the date and time of your first appointment and click Next Step.</p> <div data-bbox="292 945 1437 1491"><h3>First Vaccination Appointment</h3><p>(Step 1 of 6)</p><p>Please remember to bring a photo ID to your appointment.</p><p>Location: Bangor - Cross Insurance Center</p><p>Appointment Date: February 16, 2021 (Tuesday)</p><p>Appointment Time: 2:30 PM, 3:15 PM, 3:35 PM, 3:50 PM</p><p>The Northern Light Covid Vaccine Clinic is located at 515 Main St, Bangor, ME 04401 inside the Cross Insurance Center.</p><p>Next Step</p></div>

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

6	<p>Select the date and time of your appointment for your second dose and click Next Step.</p> <div style="text-align: center;"><h3>Second Vaccination Appointment</h3><p>(Step 2 of 6)</p></div> <div style="display: flex; justify-content: space-between;"><div data-bbox="308 373 831 621" style="border: 1px solid #ccc; padding: 10px;"><p>Second Appointment Details</p><p>The COVID-19 vaccine is a two-part vaccine. Your second appointment must be exactly 21 days after your first. The details for your second appointment are listed below.</p><p>Bangor - Cross Insurance Center March 09, 2021 (Tuesday)</p><p>ⓘ Please choose an appointment time.</p></div><div data-bbox="938 373 1354 541" style="border: 1px solid #ccc; padding: 10px;"><p>Appointment Time</p><table border="1" style="width: 100%;"><tr><td style="background-color: #008080; color: white;">3:10 PM</td></tr><tr><td>4:55 PM</td></tr><tr><td>5:00 PM</td></tr></table></div></div> <div style="text-align: right; margin-top: 20px;">Previous Step Next Step</div>	3:10 PM	4:55 PM	5:00 PM
3:10 PM				
4:55 PM				
5:00 PM				
7	<p>Read the risk statement and, if you agree to terms, enter your initials and click Yes.</p> <div style="text-align: center;"><h3>Acknowledgement</h3><p>(Step 3 of 6)</p></div> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: 80%;"><div style="text-align: center; background-color: #f0f0f0; padding: 5px;">Risk Statement</div><p>I understand that failure to provide an accurate answer to any of the COVID-19 screening questions could result in increased risk of harm to me from vaccination.</p><p>I understand that this COVID-19 vaccine medication is approved under an Emergency Use Authorization (EUA) from the FDA and has not received full FDA approval.</p><p>I have been advised of, understand, and acknowledge the need to wait for 15 minutes after receiving the COVID-19 vaccine before operating any machinery or driving a vehicle given the risk of adverse reaction, including loss of consciousness. If I choose to operate machinery or drive a vehicle within 15 minutes of receiving the COVID-19 vaccine, I understand and acknowledge that I am accepting sole responsibility for all associated risks whether known or unknown; holding Northern Light Health, its employees, agents, contractors and officers, harmless from all associated injury, harm and/or damages; and am agreeing to indemnify and/or forever discharge Northern Light Health, its agents, employees, officers, directors, insurers, subsidiaries and affiliates for, from and against any and all third party claims, demands, and actions as well as any and all related liability, damages, costs, and fees. The acknowledgments and releases described in this paragraph shall be binding upon my heirs, personal representatives, administrators, executors, and assigns.</p><p>I understand the benefits and risks of getting the COVID-19 vaccine, and that no medication is without risk of harm, even in patients with no risk factors.</p><p>I will avoid receiving other vaccinations for the next 14 days after receiving COVID-19 vaccination.</p><p>I intend and agree to be bound by my below initials on this online COVID-19 vaccination request form to the same degree I would be bound by signing a paper document.</p><p style="text-align: center;">Initial</p><div style="text-align: center; border: 1px solid #ccc; width: 60px; height: 20px; margin: 0 auto;"></div><div style="display: flex; justify-content: center; margin-top: 10px;">No Yes</div></div> <p>Previous Step</p>			

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

8

Read the Consent to Treat statement and, if you agree to terms, enter your initials and click **Yes**.

Acknowledgement
(Step 3 of 6)

Consent to Treat

I have had an opportunity to review the following important documents by clicking the below links:

- The Northern Light Health [Consent to Treatment](#).
- The Northern Light Health [Notice of Privacy Practices](#) that explains your rights when it comes to your health information, and how we use and disclose this information.
- Your [Rights and Responsibilities](#) as a patient.
- The HealthInfoNet opt out form. In Maine there is a statewide health information exchange called HealthInfoNet. We share your healthcare information with HealthInfoNet unless you choose to opt out. The opt out form is available on the HealthInfoNet website or the Northern Light Health website.
- A summary of our [Financial Assistance Policy](#), which explains the financial assistance program we offer to those who qualify.

I agree to the Northern Light Health [Consent to Treatment](#). By initialing below and clicking the "Yes" button I indicate that any questions I may have about the Consent to Treatment or any of the associated documents have been answered to my satisfaction, and that I consent to receive services.

I understand that the vaccine I am consenting to requires two doses to produce immunity to COVID-19 and that it is necessary that I receive both doses of the vaccine as scheduled.

I consent to be vaccinated for COVID-19.

I intend and agree to be bound by my below initials on this online COVID-19 vaccination request form to the same degree I would be bound by signing a paper document.

Initial

[Previous Step](#)

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

9

Complete the screening questions and click **Next Step**.

Screening Questions

(Step 4 of 6)

Have you tested positive for COVID-19 in the last 14 days? Yes No

Natural immunity will protect for 90 days after infection; schedule vaccination at least 14 days after positive COVID-19 test.

Have you received any other vaccine in the last 14 days? Yes No

Please reschedule Covid-19 vaccination to 14 days or more after your last vaccination of any type.

Have you received COVID-19 Monoclonal Antibodies or Convalescent Plasma within the last 90 days? Yes No

Please reschedule COVID-19 vaccination to 90 days or more after the treatment.

Have you had an anaphylactic reaction to a previously administered COVID-19 vaccine or any component of a COVID-19 vaccine? Yes No

Pfizer and Moderna COVID-19 vaccines have NO Latex, Egg, or Preservative. Pfizer COVID-19 mRNA vaccine contains lipids and solution stabilizers such as polyethylene glycol (PEG), sucrose and salts such as potassium chloride, potassium phosphate, sodium phosphate and sodium chloride. Moderna COVID-19 mRNA vaccine contains lipids and solution stabilizers such as polyethylene glycol (PEG), tromethamine, acetic acid, sucrose and sodium acetate.

Do you have an allergy to any vaccine? Yes No

Pfizer and Moderna COVID-19 vaccines have NO Latex, Egg, or Preservative.

Have you had a serious adverse reaction to a previous Covid-19 vaccine? Yes No

A NORMAL reaction after Covid vaccination includes the following. These may be more severe after the second dose:

- i. Arthralgia (ache or pain in joints)
- ii. Fatigue
- iii. Fever
- iv. Chills
- v. Headache
- vi. Myalgia (ache or pain in muscle)
- vii. Nausea
- viii. Local pain or redness at injection site

Are you pregnant? Yes No

At this time safety and efficacy have not been established in pregnancy.

Do you have any immunocompromising conditions (HIV, solid organ transplant, receiving immunosuppressive therapies, etc.)? Yes No

Discuss optimal scheduling of vaccination with your provider.

Are you under the age of 18? Yes No

[Previous Step](#)

[Next Step](#)

Important: Screening questions help healthcare providers know whether or not it is safe for you to get a vaccine or take a medication. Please answer these questions honestly to the best of your ability. Your answers may lead to further counseling or information at your appointment.

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

10

Fill out the your demographic information and click **Next Step**.

Patient Demographics
(Step 5 of 6)

Patient Information

First Name	Middle Initial	Last Name	Previous Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Email Address	Primary Phone #	Work Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Care Physician (Full Name)	Gender	Marital Status	Preferred Language
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text" value="Choose..."/>	<input type="text" value="Choose..."/>
Race	Ethnicity	Religion	
<input type="text" value="Choose..."/>	<input type="text" value="Choose..."/>	<input type="text" value="Choose..."/>	

Mailing Address

City	State/Province	Zip
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>
Employer	Position	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Information

Full Name	Relationship to Patient	Phone #
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>

Street Address

City	State/Province	Zip
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>
Employer	Position	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Information

Full Name	Relationship to Patient	Phone #
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>

Street Address

City	State/Province	Zip
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>

Next of Kin Information

Full Name	Relationship to Patient	Phone #
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>

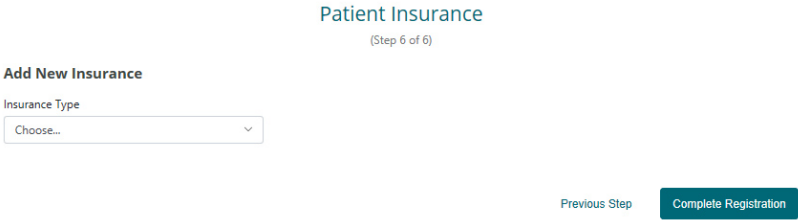
Street Address

City	State/Province	Zip
<input type="text"/>	<input type="text" value="Choose..."/>	<input type="text"/>

[Previous Step](#)

Important: Demographic information is important for appointment follow up, record keeping, and to ensure that we have an emergency contact in case of an unexpected reaction to the vaccine. While your social security number is helpful, particularly if you are a Medicare Advantage patient, it is not a required field.

Northern Light Health COVID-19 Online Vaccination Scheduling Guide

11	<ul style="list-style-type: none">• If you have insurance, enter your insurance information and click Complete Registration.• If you do not have insurance, simply click Complete Registration. 
----	---

Your appointment is confirmed when you see the confirmation page. Please print this page or write down your confirmation number for reference.

On the day of vaccination, remember to bring your ID, proof of insurance (if you have it), and to wear a short-sleeved shirt under your winter coat.

Thank you for choosing Northern Light Health! We're excited to see you.