

Step 1: Enter the Registration code. *Paso 1: Ingrese el código de registro*

Registration Information

Please note - All fields in the form/s below with red borders are required and must be completed.

Registration Code :

Step 2: Select a Date that is available. *Paso 2: Seleccione una fecha que este disponible*

Registration Information

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Registration Code :

Select Visit Date : **Richfield 65+ 1st Dose 3.3**
Schedule Date: 03-03-2021
 Richfield 65+ 1st Dose 3.10
Schedule Date: 03-10-2021

Step 3: Click on the drop-down arrow shown in picture and select a time that works best for you. The times listed in the drop-down box are the only times available for the clinic.

Paso 3: Haga clic en la flecha desplegable que se muestra en la imagen y seleccione la hora que mejor se adapte a sus necesidades. Los horarios enumerados en el cuadro desplegable son los únicos horarios disponibles para la clínica.

Select Visit Date :

Richfield 65+ 1st Dose 3.3
Schedule Date: 03-03-2021

 Richfield 65+ 1st Dose 3.10
Schedule Date: 03-10-2021

COVID-19 CLINIC INFORMATION
location: Sevier County Fair Grounds
410 East 200 South, Richfield UT Time:
12:00 to 4:30 pm. Please remember to
wear a short sleeve shirt to your
appointment. This will be your first dose
of a 2 dose series. Plan on receiving
your 2nd dose in 28 days. Read
important information about the Vaccine
at: www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf Thank
you for being vaccinated against COVID-
19.

Step 4: Enter personal information excluding any special characters. **Red boxes indicate where information is required.**

Paso 4: Ingrese informacion personal excluyendo cualquier caracter especial. Los recuadros rojos indican donde se requiere informacion.

Step 5: Enter Address excluding any special characters in Address Line 1. Enter a valid email address. If registration does not go through, check for **red** highlighted boxes and fix errors.

Paso 5: Ingrese la direccion excluyendo cualquier caracter especial en la linea de direccion 1. Ingrese una direccion de correo electronico valida. Si el registro no se realiza, verifique las Casillas resaltadas en rojo y corrija los errores.

First Name :

Middle Name :

Last Name :

Date Of Birth :

Sex :

Race : American Indian or Alaska Native
 Asian
 Black or African American
 Declined to Specify
 Native Hawaiian or Other Pacific Islander
 White

Ethnicity : Declined to Specify
 Hispanic or Latino
 Not Hispanic or Latino

Address 1 :

Address 2 :

City :

State :

Zip Code :

Country :

Home Phone :

Cell Phone :

Email :

Please Note: Additional charges for text messaging may appear from your carrier. You have consented to receive reminders for this program by entering your number.

Please Note: You have consented to receive reminders for this program by entering your email address.

Step 6: Answer Pre-Vaccination Checklist questions accurately. Finish Answering Pre-Vaccination Checklist Questions and click “Register”.

Paso 6: Responda con precision las preguntas de la lista de verificacion previa a la vacunacion. Termine de responder las preguntas de la lista de verificacion previa a la vacunacion y haga clic en “Registrarse”.

Have you received another vaccine in the last 14 days?

Yes
 No
 Don't know

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

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
 Don't know

Do you have a bleeding disorder or are you taking a blood thinner?

Yes
 No
 Don't know

Are you pregnant or breastfeeding?

Yes
 No
 Don't know

 Register

Step 7: After clicking “register” a green box should appear confirming registration was successful. A confirmation email will be sent to email given in registration process confirming time/date of COVID-19 Vaccination.

Paso 7: Despues de hacer clic en “registrarse”, deberia aparecer un cuadro verde que confirma que el registro se realize correctamente. Se enviara un correo electronico al correo electronico proporcionado en el proceso de registra confirmando la hora/fecha de la vacunacion COVID-19.

Note: If you do not see the green confirmation bar, your registration did not go through. Try selecting a different appointment time.

Nota: Si no ve la barra de confirmacion verde, su registro no se realize. Intente seleccionar una hora different para la cita.

Registration Information

Please note - All fields in the form/s below with red borders are required and must be completed.

Registration Code :

**Registration successfully completed.
You will receive a confirmation email and/or text message in the next 24 hours.
Please contact the clinic in the event you do not receive a confirmation after that time.**