Scheduling Instructions for K-12 COVID-19 Vaccine Clinic

Scheduling is a 6-step process. Once you get to the site, please follow these instructions. We do expect heavy traffic on the site in the first few days. If the site is slow, please be patient. You may also try scheduling earlier in the morning or later in the evening when site traffic is lighter.

STEP ONE – Choose a Location

In the Find a Store field, input Hilliard or 43026 for the Hilliard-Davidson clinic location and Reynoldsburg or 43068 for the Reynoldsburg-Livingston Campus location. **Hit "Enter" or click on the Magnifying Glass** to the right of the field.

The location will appear below the Find a Store field. **Click on the "Select" button and then the "Continue" button to move to Step 2**.

STEP TWO – Schedule an Appointment

Select the date for your appointment in the dropdown menu and hour blocks for available spots will appear. Click on the hour to see available spots in that hour.

Select the specific time from those options and click on **"Continue" to move to Step 3.**

Schedule Appointment	
lect a date to reserve your spot	
Wednesday, February 3	~

Please search for a location	
Find a Store	
43068	
	1.29
Reynoldsburg High	Event Date: Invalid
School -Livingston	COVID Vaccin
Cumpus	
His Gimic Event	
Reynoldsburg, OH 43068	
Select Schedule Appointmen Select a date to reserve your spot	t
Select 2 Schedule Appointmen Select a date to reserve your spot Wednesday, February 3	t
Select 2 Schedule Appointmen Select a date to reserve your spot Wednesday, February 3 What time of day would you I	t ike your appointment?
Select 2 Schedule Appointmen Select a date to reserve your spot Wednesday, February 3 What time of day would you I 1:00 PM	t ike your appointment?
Select Schedule Appointmen Select a date to reserve your spot Wednesday, February 3 What time of day would you I 1:00 PM @ Please select your appointment	t ike your appointment?
Select 2 Schedule Appointmen 2 Schedule Appointmen Select a date to reserve your spot Wednesday, February 3 What time of day would you I 1:00 PM 1:00 PM 2:15 PM	t ike your appointment? 2:00 PM 2:30 PM 2:45 PM

Last Name

STEP THREE – Patient Information

Enter your patient information. Please enter your first and last name as it appears on your government-issue photo ID. Once you have completed the required fields, **click "Continue" to move to Step 4.**

STEP FOUR – Medical Details

Answer a few simple Yes or No questions about your current and past medical history. **Click "Continue" to move to Step 5.**

	Medical	Details
--	---------	---------

Please answer the following questions so we can assess the safety and the appropriateness of vaccination:

Do you have any of the following symptoms today? Fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

STEP FIVE – Vaccine Consent

Review the consent to allow us to provide you the vaccine. Check the box next to "Please confirm you accept our consent" and enter your full name as it appears on your government-issued ID. Click "Continue" to move to Step 6.



Please confirm you accept our consent

ull Name of Patient	Date
e 0	01/28/2021

STEP SIX – Submit

Review the information to make sure it is correct. If you need to change anything, you can scroll up and click "Edit" for any of the previous steps. **Click "Submit" to finalize your appointment.** You will then see a confirmation screen.

3

First Name

Address

Address

Apt. Suite, Etc. (Optional)

Nart	xe
Tes	it Test
Ema	di d
tes	t@kroger.com
Vac	cinations
ô	COVID-19
App	cintment Date & Time
5	2:30 PM
	Wednesday, February 03, 2021
Loc	ation: Flu Clinic Event
•	Centerville High School
	Fit Clinic Event
	500 E Franklin St
	Centerville, OH 45459

PLEASE PRINT OR SCREEN CAPTURE THIS CONFIRMATION FOR YOUR RECORDS. You will also receive a reminder email the day before your appointment.