

DEPARTMENT OF PUBLIC HEALTH

DPH Submissions System

Online VAMS Enrollment

(for Eligible Individuals)



Please Note:

This form is optional and is only for registering with the Vaccine Administration Management System (VAMS). VAMS will verify your registration and then follow up with important scheduling information.

You do not need to register with VAMS if you have other options for getting the vaccine (i.e. - through your current medical provider).

FORM INSTRUCTIONS

Fill out this simple form to register with the Vaccine Administration Management System (VAMS). You will need to enter your full name, date of birth, eligible occupation (including “retired”), and email address. The information you enter will only be used for purposes of scheduling your vaccination, and will be kept private.

Once registered, VAMS will email you to guide you through the appointment process for receiving the COVID-19 vaccine.

At this time, ONLY people eligible under Phase 1a or who are age 75 and over may register here. Please only fill out this form if you are eligible to receive the vaccine.

* - Required Field

First Name *

Last Name *

Email *

Date Of Birth *



MM/DD/YYYY

Occupation *

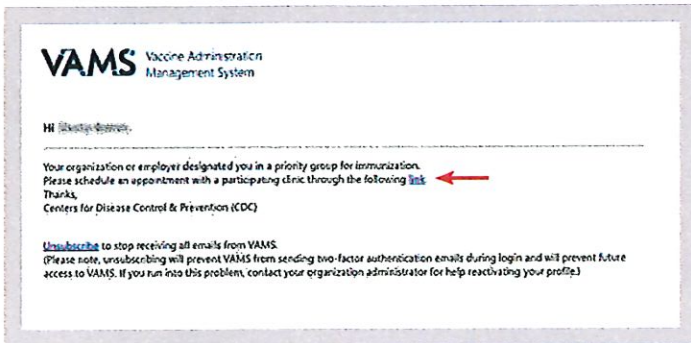


I warrant and declare under penalty of perjury that the information included in this form is accurate. Submission of a false statement to the Department of Public Health is subject to the penalties of false statement pursuant to Conn. Gen. Stat. § 19a-500 and § 53a-157b.

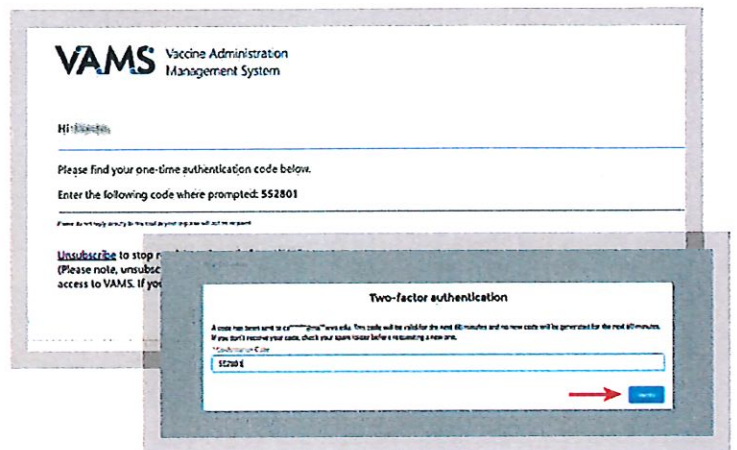
CREATING YOUR VAMS PROFILE AND SCHEDULING YOUR FIRST VACCINE APPOINTMENT

Creating Your VAMS Profile

You will receive an email to your registered email account from the Vaccine Administration Management System (VAMS) with a link to create your profile and schedule your appointment to receive your first vaccination dose. Select the link in the email to access VAMS.



2. To confirm your identity, a confirmation code will be sent to your email inbox. Open the email from the CDC and find the code. Enter that code in the Two-factor authentication window and select **Verify**.



1. On the **Welcome** page, select **No** indicating you have not previously registered. Then use the drop-down menus to select your home state and county. Select **Next** when you are finished.

* Have you already registered as a vaccine recipient with VAMS?
 Yes
 No

* My home address is located in

* State
Connecticut

* County
New Haven

I'm not a robot

reCAPTCHA
Privacy - Terms

Next

3. Create your VAMS password. **Be sure to write down or save your password – you will need it each time you access VAMS.** Select the box to agree to the specified terms and then select **Create Account** when you are finished.

Your password must be at least 8 characters long and include at least 3 of the following categories:

- 1 uppercase character
- 1 lowercase character
- 1 number
- 1 special character

* Create Password

* Verify Password

Security Alert - This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data being sent or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transmitted or stored on this system may be disclosed or used for any lawful Government purpose.

By checking this Box, I Agree to the specified terms.

Create Account

- On the **My Information** tab, use the text fields and drop-down menus to complete your demographic information. Select **Next** when you are finished.

Note: Under Race, use the arrows to move selections to and from the **Selected Options** box. Further, do not use parentheses or dashes in the **Cell Phone** field. Enter your phone number in the following format: 2033456789

- On the **Medical History** tab, use the text fields and drop-down menus to complete your medical information. Select **Next** when you are finished.

Note: Your insurance information is not required.

- On the **Organization** tab, enter your role/position and select your priority group. Select **Next** when you are finished.

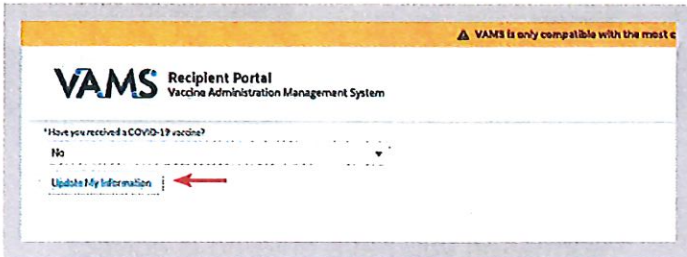
- On the **Review** tab, you will confirm the information you have entered is correct. Select **I Agree** then select **Finish** to proceed to scheduling your appointment.

Note: You will see a confirmation message saying that your account has been registered.

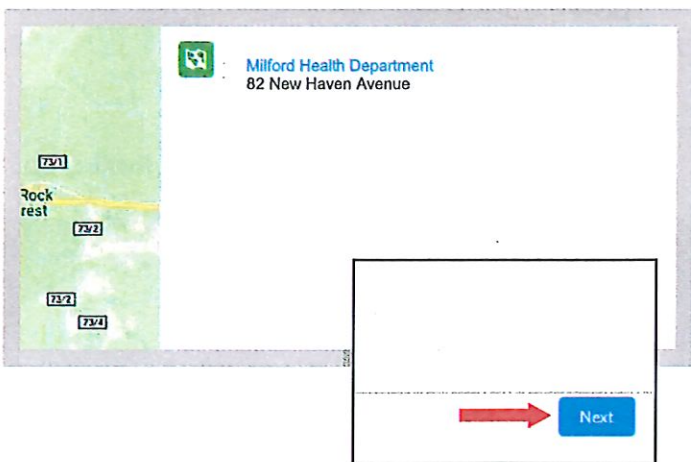
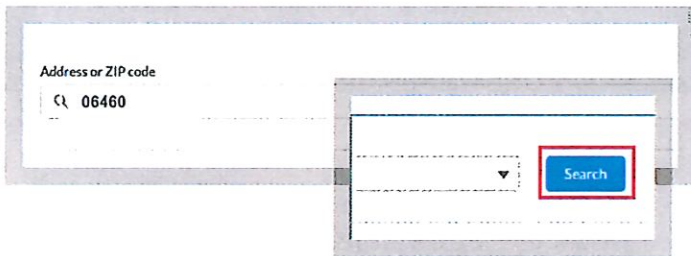
- Select **Schedule Vaccination Appointment** to move on to the next step.

Scheduling Your Appointment (First Dose)

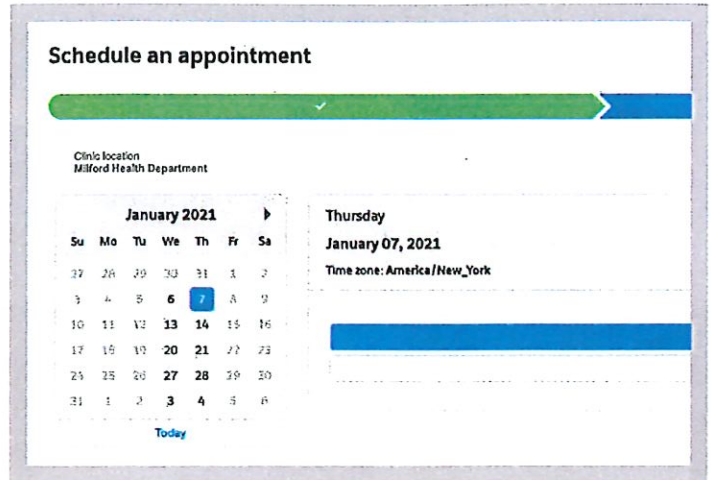
1. After selecting **Schedule Vaccination Appointment**, select **No** indicating you have not previously received a COVID-19 vaccine. Then select **Update Information**.



2. In the **Zip Code** field, enter **your zip code** and select **Search**. Then select your location option from the results. Be sure to select **Next** when you are finished.



3. Select your preferred vaccination date/ time. Select **Next** to continue.



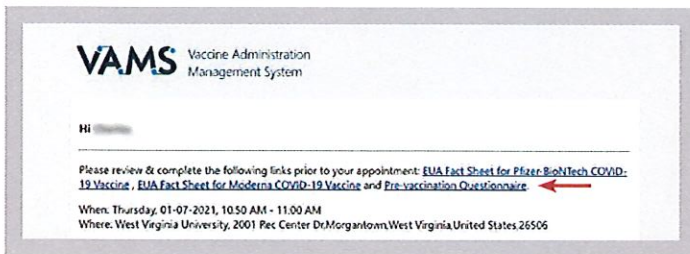
Note: Due to limited vaccine doses, vaccine appointment times will be on a first-come, first-served basis. Please continue to check back as the vaccine scheduling system works similar to any other reservation system, and appointments are being rescheduled and cancelled at all times. Same-day appointments often become available within the hour.

4. Review your information. Then select **Submit** to schedule your appointment.
5. You will be directed to a **Confirmation** page. You also will receive email confirmation of your appointment. Review your information. *You will not need the QR code for your appointment at this time. Please have your ID ready for check in.*

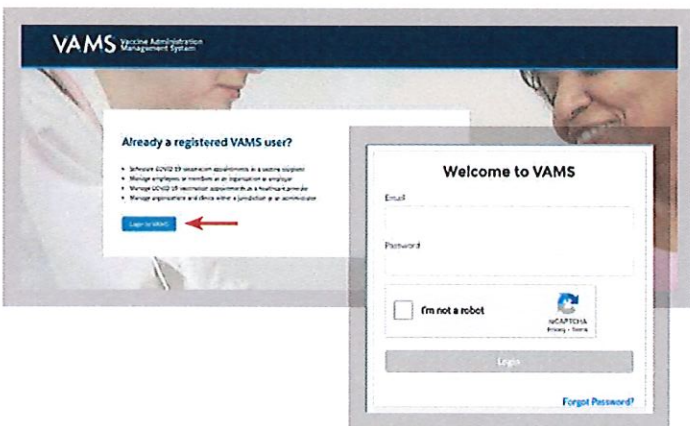
To reschedule, you first must cancel your original appointment then create a new appointment. Find your appointment confirmation email and select the **Cancel Appointment** link.

Completing Your Pre-Vaccination Questionnaire

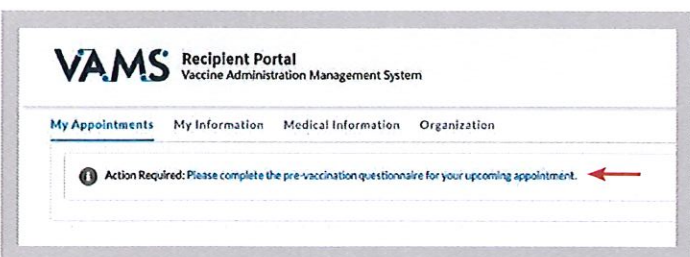
The evening before you are scheduled to receive your vaccination, you will receive an email to your account from VAMS with links to review fact sheets and complete the pre-vaccination questionnaire. Select the link in the email to access VAMS.



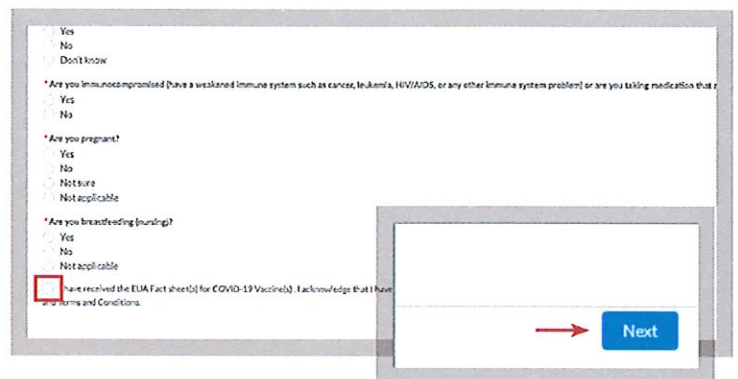
1. Log into VAMS using the email address and password associated with your account.



2. Once logged in, click the **Please complete the pre-vaccination questionnaire for your upcoming appointment** link under the **My Appointments** tab.



3. Select your response for each question in the questionnaire. If a question is not clear, ask your healthcare provider for further explanation. Once you've answered each question, select the box to acknowledge the Privacy Policy / Terms and Conditions and click **Next**.



4. You will see a confirmation message saying that your questionnaire has been submitted. Click **Finish** to exit the screen.

