

Hernando County COVID-19 VACCINATION PRE-REGISTRATION

Step 1: Visit www.Patientportalfl.com

Step 2: Click “Create an Account”

CDR HealthPro™

[Home](#)

[Create An Account](#)

[Find A Location](#)

[Log In](#)

WELCOME TO CDR HealthPro™
COVID-19 TESTING AND VACCINATIONS

STEP 1

Create an Account

STEP 2

Select Get Tested or
Get Vaccinated

STEP 3

Register for Your Visit

STEP 4

Present Your Code
at the Site

ACCOUNT SIGN-UP

[CREATE ACCOUNT](#)

[LOG IN](#)

You must "Create an Account" in order to get Tested or schedule your Vaccination Appointment. Once you have created your account, **you still need to schedule your vaccination appointment and complete the medical screening questionnaire by clicking "GET VACCINATED" on the homepage of your account screen.**

For customer support questions, please contact us:

- Testing and Test Result Assistance: **(850) 583-2419**
- Vaccination Registration Assistance Main: **(844) 770-8548**
- Hillsborough County Vaccination Scheduling: **(850) 848-5287**
- Email us at Covid19support@cdrmaguire.com

CDR|MAGUIRE
HEALTH & MEDICAL

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[Medical Consents and Releases](#) | [ADA Statement](#)

Step 3: Complete the Registration Form to Create your Account.

- a. Complete the required Demographics information.
- b. For the Insurance related fields, please click **“Decline to Answer.”** Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.

CDR HealthPro™

HomeCreate An AccountFind A LocationLogin

FAST, ACCURATE, CONVENIENT.

Basic InfoHome AddressDemographicsInsurance InformationAcknowledgements

Basic Info

Do you need to register any minors or wards today?(After completing your registration below, you will register them)

☐ Yes

*First Name

Patient

*Last Name

ztest1

*Date of Birth

12/1/1986

*Phone (for calls)

5555555555


☐ This is an International Phone Number

☒ Opt in to SMS(Text) notifications

☒ Mobile Same As Phone

Mobile (for SMS)

☒ Opt in to email notifications



☒ Opt in to email notifications

*Email

email@emailcompany.com

*Confirm Email

email@emailcompany.com

☐ I don't have an Email

*Username

email@emailcompany.com

*Create Password

*Confirm Password

Next

Pre-Registration

FAST, ACCURATE, CONVENIENT.

Basic Info

Home Address

Demographics

Insurance Information

Acknowledgements

Demographics

Gender

Female

☐ Decline to answer

Race

Black

☐ Decline to answer

Ethnicity

Non-Hispanic

☐ Decline to answer

Do you live in a house with 2 or more people?

Yes

☐ Decline to answer

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FAST, ACCURATE, CONVENIENT.

Basic Info

Home Address

Demographics

Insurance Information

Acknowledgements

Home Address

Search for your Home Address (Enter Zip Code if there are no results for your Street Address)

Country

United States

Street (include Apt/Suite after street, if necessary)

12345 Main Street

City

Orlando

State

Florida

Postal Code

32809

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FAST, ACCURATE, CONVENIENT.

Basic Info

Home Address

Demographics

Insurance Information

Acknowledgements

Insurance Information

If you are being tested or vaccinated at a State run or supported site, the State of Florida is attempting to collect and bill insurance, where available, to help cover the cost of testing and vaccination statewide and to meet its requirements for FEMA reimbursement. At no time will you be billed any out-of-pocket expenses for copays, deductibles, or any difference in the cost of test versus what the insurance pays.

☐ Decline to answer

Primary Billing Insurance

Primary Insurance Search

Search Here

Select One

☐ My Insurance Carrier is not listed

Policy ID No.

Group No.

Insurance Guarantor

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- c. **Acknowledge the Consents** by selecting the boxes.
- Click on **Sign Up** to complete your Pre-Registration Account.

FAST, ACCURATE, CONVENIENT.

Basic Info Home Address Demographics Insurance Information Acknowledgements

Acknowledgements

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

* ☒ I am 18 years of age or older.

* ☒ I have read and understood the information provided.

* ☒ I have read and understand and will abide by the [CDR Maguire Terms and Conditions](#), [Privacy Policy](#), and [HIPAA Privacy Notice](#). I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.

* ☒ I have read and understand my waiver of liability on the [Ordering Provider](#).

☒ I agree to and provide [Authorization for Use of PHI](#).

☒ I provide my [Consent](#) for CDR to Contact.


Sign Up

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Step 4: Automatically directed to the Home Page of the Patient Portal

- Click “Schedule a Vaccination”

CDR HealthPro™HomeGet TestedGet VaccinatedMy TestsMy VaccinationsRegister Minors/WardsMy InformationMy Barcodes



WELCOME TO CDR HealthPro™ Patient Portal

COVID-19 TESTING AND VACCINATIONS

HOW CAN WE HELP YOU TODAY?

AT THE PRESENT TIME ONLY SENIORS 65 AND OVER CAN SCHEDULE APPOINTMENTS.

HERNANDO COUNTY

The Florida Department of Health in Hernando County has reached its appointment capacity. The Department will provide an update when the system reopens.

PASCO COUNTY

The Florida Department of Health in Pasco County has reached its appointment capacity. The Department will provide an update when the system reopens.

ORANGE COUNTY

The Florida Department of Health in Orange County has reached its appointment capacity. The Department will provide an update when the system reopens.

PINELLAS COUNTY

The Florida Department of Health in Pinellas County has reached its appointment capacity. The Department will provide an update when the system reopens.

ORANGE COUNTY FIRST RESPONDERS

If you are a first responder, please provide your Entry Code when prompted once you select the Orange County site on the Location Page. You should have received this from the Orange County Health Services Department or your employer if you are eligible.

GET VACCINATED

The federal government has been working through Operation Warp Speed to make COVID-19 vaccines available in mass quantities. Vaccine availability is currently limited and scheduling a vaccine appointment is dependent on meeting qualifying guidelines regarding eligibility for vaccination.

CDR Health does not control the quantity, availability or eligibility offer COVID-19 vaccines and the company follows federal, state, and local requirements regarding vaccine dissemination.

GET TESTED

Schedule your COVID-19 PCR or Antigen Test at a convenient location near you. CDR Health services multiple COVID-19 testing sites throughout the State.

MY TESTS

MY VACCINATIONS

[COVID-19 Manufacturer Information](#)

[Moderna Fact Sheet](#)


[Moderna What to Expect](#)

[Pfizer Fact Sheet \(English/Spanish\)](#)

[V-Safe Adverse Reaction Reporting](#)

Step 5: Complete the COVID-19 Vaccine Liability Release Waiver.

- **Sign and Click Next**

 COVID-19 Vaccine Liability Release Waiver

By signing this COVID-19 Vaccine Liability Release Waiver (the "Waiver"), you agree and attest as follows:

- That you have read, or had explained to you, the information sheet about this COVID-19 vaccination.
- That you understand and agree that if this vaccine requires two doses, two doses of this vaccine will need to be administered (given) for the vaccine to be effective.
- That you have been given the opportunity to ask questions which were answered to your satisfaction (or ensured the person for whom I authorized to provide surrogate consent was also given a chance to ask questions).
- That you understand the benefits and risks of the vaccination as described and that you request and accept that the COVID-19 vaccination be given to you (or for the person for whom I am authorized to make this request and provide surrogate consent) by CDR Maguire, Inc., acting as an agent of and on behalf of the State of Florida (the "Organization").
- That you understand that there will be no cost to me for this vaccine and that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other third parties who are financially responsible for your medical care.

By signing this Waiver, you also agree and attest as follows:

- ☐ I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- ☐ I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

☐ I have not been diagnosed to be infected of COVID-19 virus within the last 30 days.

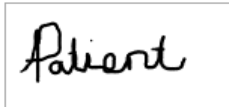
☐ With full knowledge of the risks involved, I hereby release, waive, discharge, and covenant not to sue the Organization, its owners, board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims (legal, administrative, or otherwise), demands, actions, costs, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to the COVID-19 vaccine.

☐ I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to injury, loss, or death from or related to COVID-19 or the COVID-19 vaccine.

☐ I have read and understand the Florida Department of Health Notice of Privacy Practices. [Notice of Privacy Practices](#)

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Sign Here




Clear

Next


Step 6: Complete the Past Medical History, Family Medical History, and Relevant Medical History questionnaires.

- Note, if you have had a prior allergy to the COVID-19 vaccine you will not be able to schedule an appointment.

 Past Medical History


Check those questions to which you answer yes (leave the others blank). Have you ever had or do you have any of the following health problems?

- ☐ Bleeding tendency
- ☐ Blood clots
- ☐ Breast disease
- ☐ Cancer
- ☐ Cardiac
- ☐ Dental disease
- ☐ Diabetes
- ☐ Environmental allergies
- ☐ GI
- ☐ Glaucoma
- ☐ Hepatitis
- ☐ High cholesterol
- ☐ Kidney
- ☐ Lung
- ☐ Neuro
- ☐ Psychiatry
- ☐ Seizure disorder
- ☐ Serious trauma
- ☐ Sexually transmitted infection
- ☐ Substance abuse
- ☐ Thyroid disorder
- ☐ Varicose veins

 Family Medical History

Indicate illnesses in blood relative (i.e. parents, grandparents, siblings) - Check those questions to which you answer yes (leave the others blank).

- ☐ Anemia
- ☐ Arthritis
- ☐ Bleeding or clotting abnormality
- ☐ Breast disease
- ☐ Cancer
- ☐ Connective tissue disorder
- ☐ Depression
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Mental illness
- ☐ Migraines/headaches
- ☐ Stroke
- ☐ Substance abuse
- ☐ Thyroid disorder

 **Relevant Medical History**

* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to the COVID-19 Vaccine or any component (e.g. polyethylene glycol [PEG]) of the COVID-19 Vaccine?

* Do you have a history of severe allergic reactions (i.e. anaphylaxis) to other vaccines or other injectable medication (not including the COVID-19 vaccine)?

* Do you have moderate or acute illness?

* Are you allergic to iodine?

Step 7: Select location and click **Next**.

Do NOT click on the any other location.

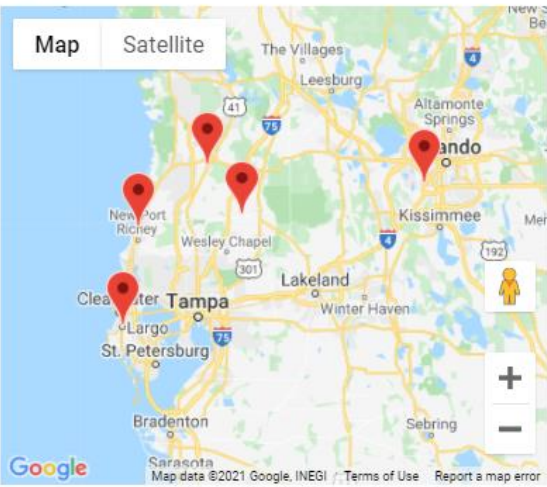
Please select your preferred location below.

Check back later if you are expecting to see a specific location and it is not listed here. It will reappear once additional appointments become available.







[Start Over](#)

Map

Satellite



Choose A Location That Is Best For You (6)

-  Orange County Convention Center - V
9400 Universal Blvd. North Concourse, Orlando, Florida
-  Pinellas Central - Entrance A
1197 East Bay Drive, Largo, Florida
-  Pinellas Central - Entrance B
1197 East Bay Drive, Largo, Florida
-  St. Leo University
33701 State Road 52, Saint Leo, Florida
-  Sears at Gulf Square Mall
9409 US Hwy. 19, Port Richey, Florida
-  **Hernando County Fairgrounds**
6436 Broad Street, Brooksville, Florida

Step 8: Select your desired **Appointment Date/Time** slot for your **First Vaccination**.

Please select an appointment date for vaccine #1.

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Vaccine #1 Available Appointment Window - Orange County Convention Center - V

Date ↓

<input checked="" type="radio"/>	12/28/2020	Anytime between: 11:00AM - 2:00PM Slots Remaining: 218
<input type="radio"/>	12/29/2020	Anytime between: 7:00AM - 11:00AM Slots Remaining: 265
<input type="radio"/>	12/29/2020	Anytime between: 11:00AM - 2:00PM Slots Remaining: 225

Step 9: Select your desired **Appointment Date/Time** slot for your **Required 2nd Booster Vaccination**.

(No sooner than 28 day after for Moderna's first vaccination)

Please select an appointment date for vaccine #2.

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Vaccine #2 Available Appointment Window - Orange County Convention Center - V


Date ↓

<input checked="" type="radio"/>	1/25/2021	Anytime between: 7:00AM - 11:00AM Slots Remaining: 241
<input type="radio"/>	1/25/2021	Anytime between: 11:00AM - 2:00PM Slots Remaining: 221
<input type="radio"/>	1/26/2021	Anytime between: 7:00AM - 11:00AM Slots Remaining: 253

Step 10: Once you have selected your appointments you will **receive a confirmation screen. Please print, or screen shot, the QR code** for your first vaccination appointment and present the QR code at check-in during your appointment.

Thank you for scheduling your COVID-19 Vaccination Appointment. Please print this page, or take a screen shot, and show the QR code below during your scheduled appointment time at the vaccination site.

You will need this QR code to check-in at the site.



CDR00715465
Moderna COVID-19 Vaccine
Naty ztest09

12/28/2020, 11:00 AM - 2:00PM
Orange County Convention Center - V
9400 Universal Blvd.
Orlando, FL 32819

Next

Step 11: Registration is Completed