

If you are a **CURRENT** patient of Grand River Medical Group and **are 65 years of age and older or 16-64 years of age with an underlying condition** (as defined on the CDC website) follow the below instructions to schedule your appointment online.

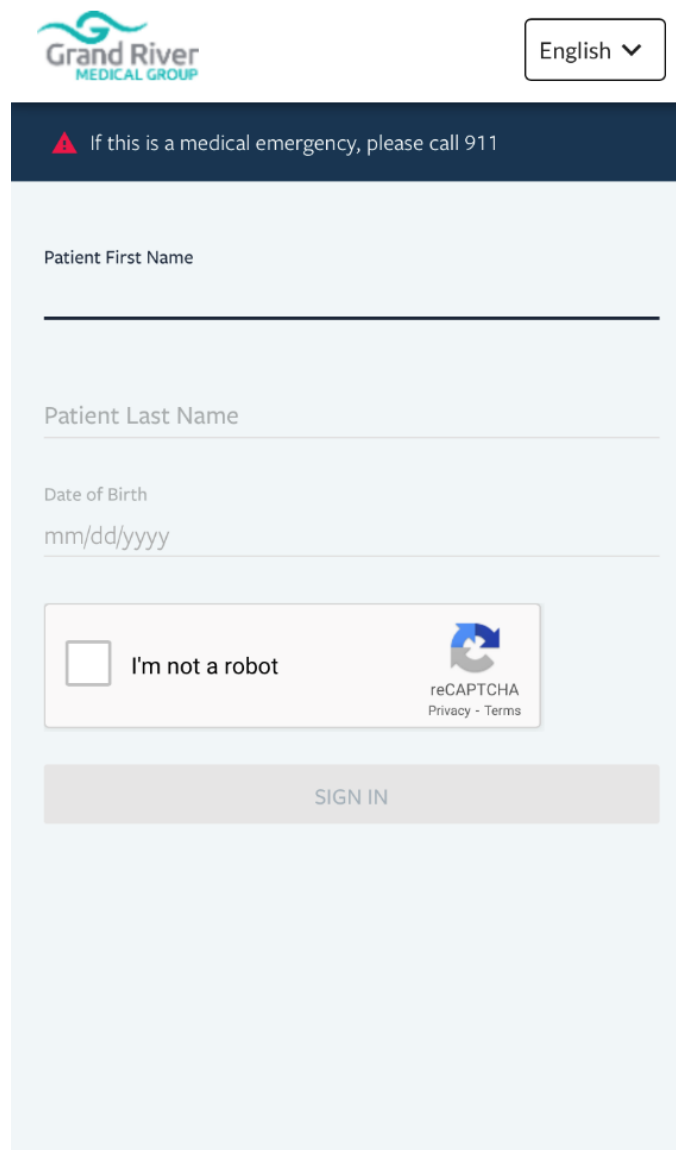
**Step-by-step instructions on how to complete the online scheduling after you  
Click the "[Schedule Now](#)" button on the GRMG Website Page**

**VERIFY YOUR ELIGIBILITY**

**Step 1:**

Enter your first name and last name (as shown on your driver's license, state issued ID, or birth certificate) and date of birth.

Click the "I am not a robot" box. Then click "SIGN IN".



The screenshot shows the online scheduling interface for Grand River Medical Group. At the top left is the logo for Grand River Medical Group. To its right is a language selection dropdown menu currently set to "English". Below the logo is a dark blue banner with a warning icon and the text "If this is a medical emergency, please call 911". The main form area contains three input fields: "Patient First Name", "Patient Last Name", and "Date of Birth" (with a placeholder "mm/dd/yyyy"). Below these fields is a reCAPTCHA box with the text "I'm not a robot" and a checkbox. To the right of the checkbox is the reCAPTCHA logo and the text "reCAPTCHA Privacy - Terms". At the bottom of the form is a large, light gray button labeled "SIGN IN".

**Step 2:** Click the “Start” button.



English ▼

Welcome!

Please use the following form for scheduling your appointment for the first dose of COVID-19 vaccine .

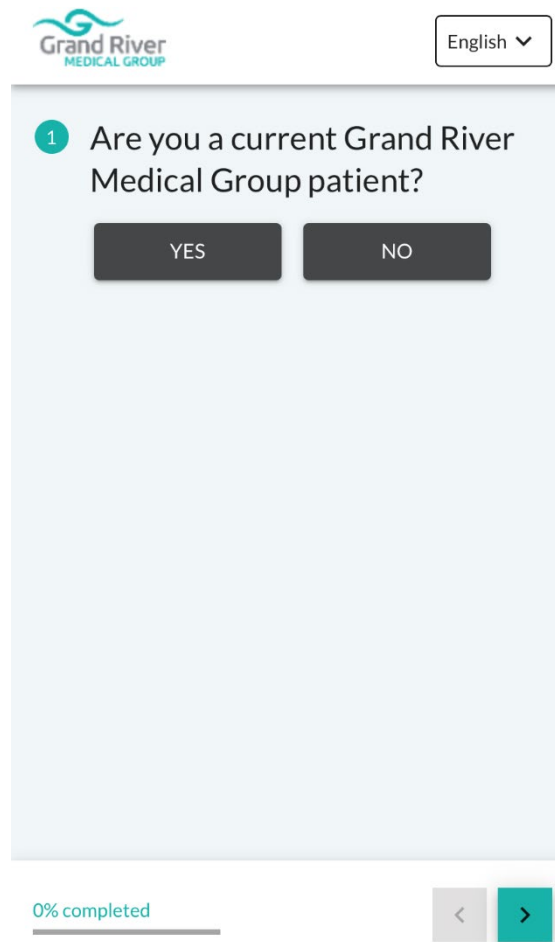
Please click Start to begin the scheduling process.

START

**Step 3:**

Click “yes” or “no”. Please note at this time we are ONLY scheduling CURRENT Grand River Medical Group patients.

*If you are not a current GRMG, please contact your primary care provider to request an appointment. If you do not have a primary care provider and are a Dubuque County resident, please contact the Sleeves Up! Line (563) 587-4950. This is an automated phone line and callers will be asked to leave their information on a recording. From there the county will save your information and contact you directly when vaccine is available.*



The screenshot shows a digital form interface. At the top left is the Grand River Medical Group logo. At the top right is a language selection dropdown menu set to "English". The main question is "1 Are you a current Grand River Medical Group patient?". Below the question are two dark grey buttons labeled "YES" and "NO". At the bottom left, there is a progress indicator showing "0% completed" with a horizontal line. At the bottom right, there are two navigation buttons: a grey left arrow and a teal right arrow.

**Step 4:**

Click “yes” or “no”.



English ▾

2 Are you age 65 or older?

YES

NO

8% completed



*Continue to Next Page*

**Step 5:**

Click “yes” or “no”, check all underlying medical conditions that apply- by clicking on the grey box(es). Those you select will highlight in green. Once you have selected all, click the green “next” button.

Grand River MEDICAL GROUP English ▾

3 Do you attest that you are age 16 to 64 and have an underlying medical condition, as defined by the CDC, that puts you at increased risk for severe illness from the virus that causes COVID-19? If yes, please select which one(s): \*

Check all that apply

- CANCER
- CHRONIC KIDNEY DISEASE
- COPD
- DOWN SYNDROME
- HEART CONDITION
- OVERWEIGHT/OBESITY/SEVERE OBESITY

15% completed

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Grand River MEDICAL GROUP English ▾

- HIGH BLOOD PRESSURE/HYPERTENSION
- CEREBROVASCULAR DISEASE
- CYSTIC FIBROSIS
- DEMENTIA
- LIVER DISEASE
- PULMONARY FIBROSIS
- THALASSEMIA
- WEAKENED IMMUNE SYSTEM
- SMOKER
- PREGNANT
- NONE OF THE ABOVE

NEXT

15% completed

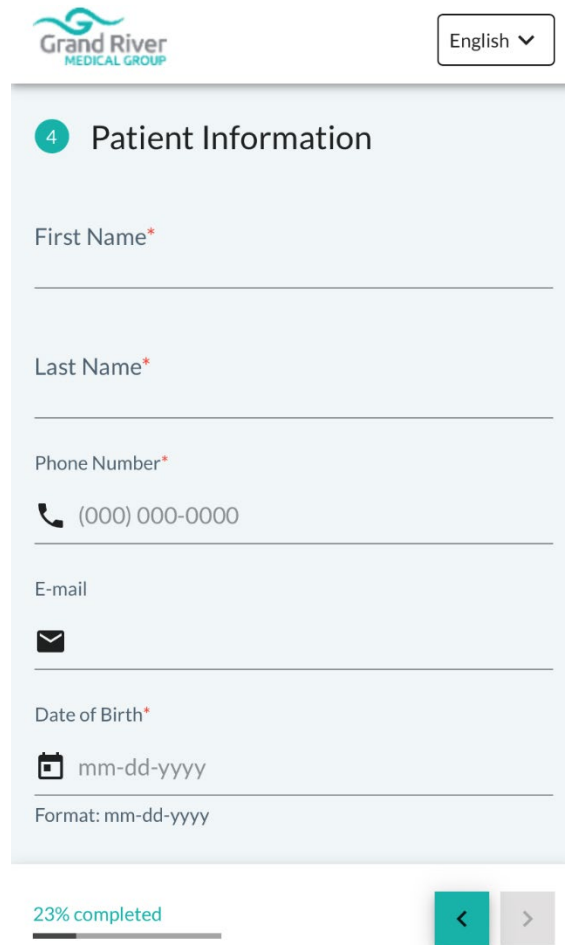
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*If at any time in the process you are notified that you are not eligible to receive the vaccine, please know we are working through our priority groupings as quickly as we can. If you feel you received that message in error please contact our Vaccine Scheduling line, (563) 589-4055.*

## COMPLETE REGISTRATION/SCHEDULE MY APPOINTMENT

### Step 1:

Begin the Registration Form. Enter your first name and last name (as shown on your driver's license, state issued ID, or birth certificate), phone number, email, and date of birth. If you do not have an email you can skip that step.



The screenshot shows the registration form for Grand River Medical Group. At the top left is the logo for Grand River Medical Group. To the right of the logo is a language selection dropdown menu currently set to "English". Below the logo and menu is a light blue header for "4 Patient Information". The form contains several input fields: "First Name\*" with a horizontal line below it; "Last Name\*" with a horizontal line below it; "Phone Number\*" with a telephone icon and the placeholder "(000) 000-0000" and a horizontal line below it; "E-mail" with an envelope icon and a horizontal line below it; and "Date of Birth\*" with a calendar icon, the placeholder "mm-dd-yyyy", and a horizontal line below it. Below the date of birth field, it says "Format: mm-dd-yyyy". At the bottom left of the form area, there is a progress indicator showing "23% completed" with a horizontal line. To the right of the progress indicator are two navigation buttons: a teal button with a white left-pointing chevron and a grey button with a white right-pointing chevron.

A verification code will be sent to the contact information **we have on file for you**. Please note that this is being sent to what is on file, not always the phone/email contact you entered on the above Registration Form, be sure to check all phone and email accounts for the verification code. If you do not receive the verification code, please call our Vaccine Scheduling Line (563) 589-4055 (between the hours of 7:30 AM and 5:00 PM Monday-Friday) to request an appointment by phone.

*Continue to Next Page*

## Step 2:

Once you receive your verification code, enter that info the 5-digit verification code box on your registration form and click “Verify Code”.

The image shows two screenshots from a mobile application. The left screenshot displays a registration form with fields for Last Name, Phone Number, E-mail, and Date of Birth. A red box highlights a message notification at the top that reads: "MESSAGES (844) 786-1495 Your verification code is: 33973". Below the form, a "Code" field contains "33973" and a "VERIFY CODE" button is visible. The right screenshot shows a close-up of the "Code" field with "33973" entered and the "VERIFY CODE" button. Below this, a keyboard is shown with "33973" typed into the input field. At the bottom of the left screenshot, a green notification banner says "Verification code sent".

A verification code will be sent to the contact information we have on file for you.

***Please note that this is being sent to what is on file, not always the phone/email contact you entered into the form, be sure to check all phone and email accounts for the verification code. If you do not receive the verification code, please call our Vaccine Scheduling Line (563) 589-4055 (between the hours of 7:30 AM and 5:00 PM Monday-Friday) to request an appointment by phone.***

**Step 3:** Answer a few questions about your current health and vaccine history.

Click “yes” or “no”.

5 Are you feeling sick today?

YES NO

6 Have you ever received a dose of COVID-19 vaccine?

YES NO

7 Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?

YES NO

8 Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.

YES NO

9 Have you received any vaccine in the last 14 days?

YES NO

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

YES NO

11 Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?

YES NO

**If you answer 'yes', to any of these questions you will be prompted to contact our Vaccine Scheduling Line to discuss your eligibility timeline.**

**If you can answer 'no', to all of the above questions you will be asked to select a date and time for your vaccine appointment. Please answer the questions above honestly, it is important to ensure you receive the vaccine in the appropriate timeline.**

*Continue to Next Page*



**Step 4:**

Select a date and time for your appointment.

Grand River MEDICAL GROUP English ▾

Please select a time. You'll request your appointment on the next page.

Date Range: Mar 15, 2021 → Mar 22, 2021

Wednesday, Mar 17

Grand River Medical Group / Vaccine Clinic  
555 JFK Rd Unit 700, DUBUQUE, IA 52002

COVID

8:15AM	10:45AM	11:15AM	11:30AM
11:45AM	12:00PM	12:15PM	12:30PM
12:45PM	1:00PM	1:15PM	1:30PM
1:45PM	2:00PM	2:15PM	2:30PM
2:45PM	3:00PM	3:15PM	3:30PM

Grand River MEDICAL GROUP English ▾

Review and book your appointment below

REQUEST MY APPOINTMENT

Grand River MEDICAL GROUP English ▾

✓

Your appointment has been requested. You'll receive a confirmation text once it's been accepted by the practice.

After you select the date and time for your appointment, you must click Request my Appointment, to complete the process.

At the end of this process you should receive a confirmation text, call or email "thank you your appointment has been successfully scheduled. **If you DO NOT get a confirmation text, PLEASE CALL OUR OFFICE (563) 589-4055. Do not try to schedule another appointment online through the link.**

If at any time in the process you are unable to complete the online scheduling request, please contact our Vaccine Scheduling Line (563) 589-4055.