

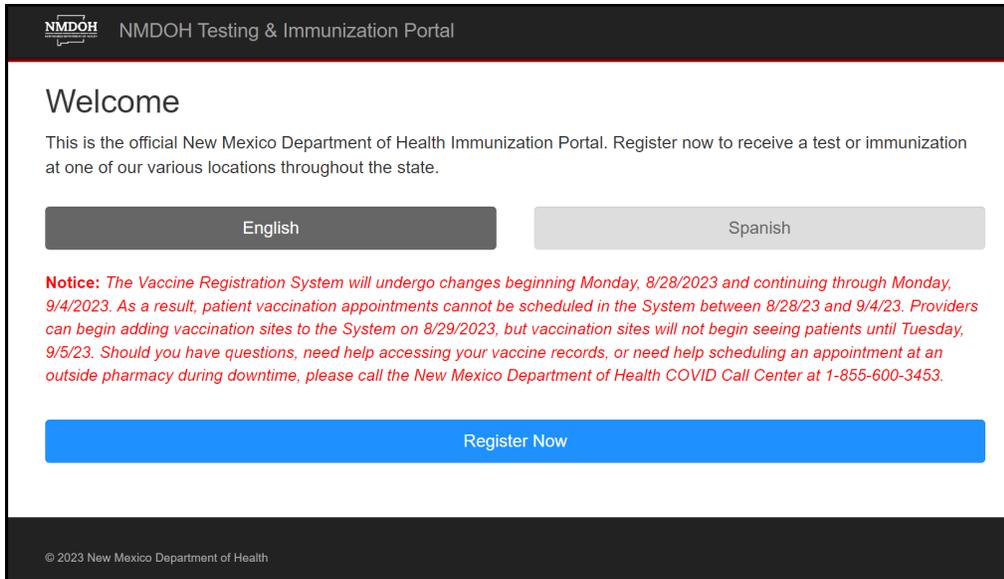
# Person Registration

Click this link to access Person Registration: <https://vaccine.doh.nm.gov/>

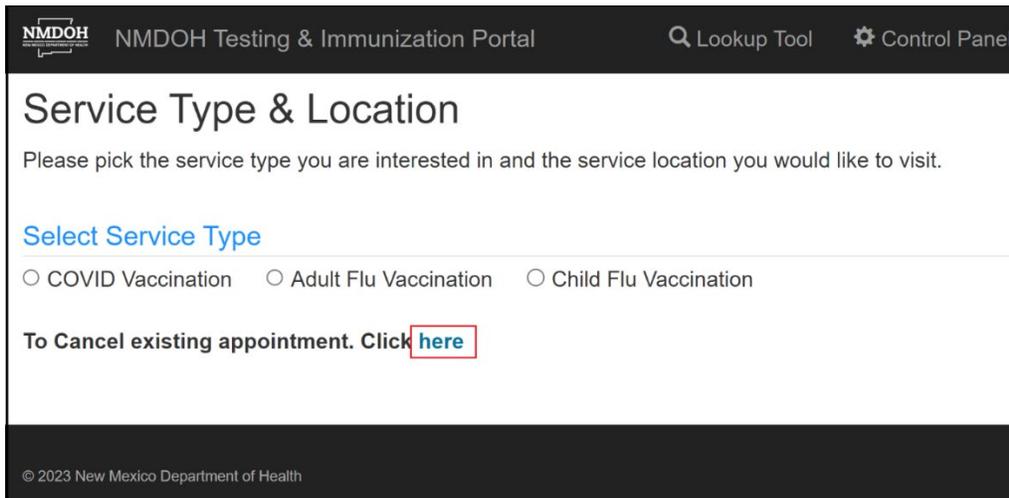
To continue with appointment scheduling click on the first or second picture.

The screenshot shows the top navigation bar with links for CV.NMHealth.org, NMHealth.org, and a phone number. Below the navigation is the NMDOH logo and a 'Schedule Appointment' button. The main content area features a headline 'Now is the time to schedule your next vaccine.' followed by a paragraph about COVID-19 vaccine safety. Three large cards are displayed: 'Schedule Your Vaccine' (with a man's image), 'Schedule Your Kid's Vaccine' (with a child's image), and 'View the Vaccine Event Calendar' (with an older woman's image). Each card includes a brief description and a 'Schedule Your Appointment' link. At the bottom, three purple boxes provide additional options: 'I want to schedule an appointment online', 'I want to schedule an appointment by phone', and 'I want to view the vaccination event calendar', each with a small icon and detailed instructions.

You will then be redirected to the NMDOH Testing & Immunization Portal. (Note, you can only have one instance of the website open in your browser at a time. Having more than one session open will result in the current session being cleared.) Click the Register Now button to continue in English or click the Spanish button to proceed in Spanish.



Select the desired Service Type. Only one Service Type can be chosen for the registration. If another immunization is needed, the patient must complete a separate registration. Note, to cancel an existing appointment, use the Click Here link on screen. (Note, you can [click here](#) to skip forward to the documentation instructions for cancelling an appointment.)



Click Yes to register with a Special Event code or click No to proceed with regular site and appointment scheduling. For COVID immunizations, you will select the vaccine to be administered, and then add any optional requirements for the vaccine site. Select the city, the desired vaccination date, and then the location. The details for the selected site will appear.

NMDOH Testing & Immunization Portal

### Special Event

Do you have a special event code?

Yes  
 No (Show All Available Sites)

Show Locations With: \*

Johnson & Johnson 18+  
 Moderna 12+  
 Moderna 6 years to 11 years  
 Moderna 6 months to 5 years  
 Moderna Omicron Booster 6+  
 Novavax 12+  
 Novavax Booster 18+  
 Pfizer 12+  
 Pfizer 5 years to 11 years  
 Pfizer 6 months to 4 years  
 Pfizer Omicron Booster 12+  
 Pfizer Omicron Booster 5 years to 11 years

Show locations with (optional):

Drive-thru  
 Emergency Dept  
 Wheelchair  
 Mobility Assistance  
 Accomodations for Deaf/Blind  
 Paperwork Assistance  
 Seating  
 Sensory Friendly Area  
 Walk-in Clinic  
 Call for Appointment

Locations (Cities and Dates shown are based on availability)

Select a City \*

SANTA FE ▼

Select a Date \*

08/25/2023

Which location will you be visiting? \*

TEST0802 ▼

### Location Details

**Address**  
5521 W St, Santa Fe, NM 87505

**Contact Information**  
(555) 555-5555

**Instructions**

**Hours**  
10:00 AM - 02:00 PM

**Available Providers At This Location:**  
Moderna, Pfizer

**Services Available At This Location:**  
Information Unavailable

Person Registration

After completing the date and location information for the vaccination, you will need to log in to the system with an existing account or create a new one.

If you had previously set up an account to get a COVID vaccination, and you have your 7-digit confirmation code, click the link to create a login account. If you do not have your confirmation code, you will click the tab to Create a new account. ([Click here](#) to skip forward to the “Create a new account” steps in the documentation.)

If you have already created an account with us, enter your username and password, and click the Login tab. Note, if you forgot your Username or Password, you could use the links to reset them. ([Click here](#) to skip forward to the Registration section of the documentation.)

The screenshot shows the NMDOH Testing & Immunization Portal login interface. At the top left is the NMDOH logo and the text "NMDOH Testing & Immunization Portal". Below this is a red text prompt: "For existing users with a code, Click here to create a login account using your confirmation code". The main login area is titled "User Login" and contains two input fields: "Username \*" with a "Forgot Username?" link and "Password \*" with a "Forgot Password?" link. Below the password field is a dark grey "Login" button. Underneath the login section is a "New User?" section with a dark grey "Create a new account >>" button. At the bottom left of the page is the copyright notice: "© 2023 New Mexico Department of Health".

To validate your 7-digit code and create an account, enter the code and your birth date, and click Validate & Create an Account. You will then be taken to the Create Account screen. Note, if your information can't be retrieved with the confirmation code and date of birth provided, you will see this message:

*Your inputs are not matching with our records.  
Please enter valid inputs or [Create a new account](#).*

You should then click the Create a new account link to set up a new account.

NMDOH Testing & Immunization Portal

## Create an account using your Code

Enter your confirmation code \*

Birth Date \*

Validate & Create An Account

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In creating an account, you will set up a username and password. The username can be an email address or any unique name, and the password requirements are a minimum of 8 characters, with at least one uppercase letter, one lowercase letter, and one special character. Note, the security questions will be used to retrieve your account if you have forgotten your username or password.

NMDOH Testing & Immunization Portal

## Create Account

Username \*

Create Password \*

Re-enter password \*

Choose security question 1 \*

What city were you born in? ▼

Choose security question 2 \*

What is the name of the company of your first job? ▼

Create Account

Once your account has been established, you will register for your vaccine, starting with your personal details. Note, the entry fields with orange asterisks are required. For the Contact Information fields, you will be required to enter at least one of the following: cell phone, home phone, or email address (but only the cell phone or email address will be used to send you information about your appointment).

NMDOH Testing & Immunization Portal Lookup Tool Control Panel

## Registration

1 Personal 2 Insurance 3 Location

Let's get personal with a little bit of information about yourself including your name, date of birth, gender, physical address, and contact information.

### Person Receiving Service

**First Name \***

**Middle Initial**

**Last Name \***

**Birth Date \***

**Gender \***

**Social Security Number (Optional)**

**Mother's Maiden Name \***

### Physical Address

**Line 1 \***

**Line 2**

**Zip \***

**City \***

**State \***

**County \***

Contact Info

You will be contacted using one or more of the following methods (At least one of the following three fields must be completed; however, you must enter either a cell phone number or an email address to receive further communication about your appointment) \*

Cell Phone / Text Message

Home Phone / Voicemail

Email

Cell Phone

(555) 555-5555

Confirm Cell Phone

(555) 555-5555

Home Phone

(###) ###-####

Confirm Home Phone

(###) ###-####

Email Address

Enter valid email address to receive confirmation code

Confirm Email Address

Please enter Confirm Email address

Emergency Contact

Name

Phone Number

(###) ###-####

Demographics

Primary Language \*

English

Race \*

American Indian (enter tribal affiliation below)

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Other

Decline to Respond

Tribal Affiliation

Ethnicity \*

Hispanic

Non-Hispanic

Decline to Respond

Next Step: Insurance Information »

You will enter your insurance information next.

**NMDOH** NMDOH Testing & Immunization Portal

## Registration

1 Personal 2 Insurance 3 Location

Next we would like to know about your health insurance coverage, if you access alternate care services, and the contact information for your primary care provider.

### Insurance Information

Do you have any form of medical insurance? \*

Yes  No

### Insurance responsible party details

Select relationship \*

Self

### Medicaid

Do you have medicaid insurance? \*

Yes  No

### Private/Employer

Do you have private/employer insurance? \*

Yes  No

Blue Cross and Blue Shield of New Mexico Insurance Company

123456

AA123

### Medicare

Do you have medicare insurance? \*

Yes  No

### Alternate Care Access

Do you access care from any of the following services?

Indian Health Service (IHS)

Veteran's Administration (VA)

TRICARE

### Billing Consent

By consenting to this service, I understand that my insurance will be billed for the services rendered. You will not be charged by DOH for these services. \*

Location Availability

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The Location screen provides a summary of the appointment details. If no changes are needed, click the Complete Registration button to finish.

NMDOH Testing & Immunization Portal Lookup Tool Control Panel

## Registration

Personal Insurance 3 Location

**NOTICE:** *The date you select does not make an appointment. It is a guideline for when you plan to visit. You may experience wait times when you arrive at the location, so please plan accordingly.*

**Service Selected**  
Service Category : Immunization    Service Type : COVID    Service Sub Type : Adult

**Special Event**  
Do you have a special event code?  
 Yes  
 No (Show All Available Sites)

**Locations (Cities and Dates shown are based on availability)**

Select a City \*  
SANTA FE

Select a Date \*  
08/25/2023

Which location will you be visiting? \*  
TEST0802

**Location Details**

**Address**  
5521 W St, Santa Fe, NM 87505

**Contact Information**  
(555) 555-5555

**Instructions**

**Hours**  
10:00 AM - 02:00 PM

[Complete Registration](#)

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Your Confirmation ID and appointment details will display. You will also receive these details by text and email (if you have provided the contact information).

 NMDOH Testing & Immunization Portal

## Registration Complete



Your registration is complete and a confirmation code has been generated for you to help streamline your experience. Please retain the code below and provide it to our staff when you arrive on site.

# KFVDXD

**Service Category**  
Immunization

**Service Type**  
COVID

**Sub Service Type**  
Adult

**Location**  
test0802  
5521 W St, Santa Fe, NM 87505

**Contact Information**  
(555) 555-5555

**Proposed Visit Date**  
08/25/2023

**NOTICE** : *The date you select does not make an appointment. It is a guideline for when you plan to visit. You may experience wait times when you arrive at the location, so please plan accordingly.*

**Completing the Symptoms Page** Just after completing the registration, you will receive a text and/or email reminder to complete the Symptoms Page. This should be done prior to your scheduled appointment. Click the link in the text or email, which will bring up the following page. Enter your preferred language, the registration code (confirmation code), and your date of birth.

 **NMDOH Testing & Immunization Portal**

## Registration

Select Language

English

**Registration Code \***

NB7TYF

**Enter your Date of Birth. \***

MM/DD/YYYY

Retrieve

Answer the symptoms questions, check the box to give your Consent for Vaccination, and click Submit to finish.

**NMDOH** NMDOH Testing & Immunization Portal

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means that additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

Yes  No  I don't know.

Have you been in close contact or live with someone known to have COVID-19 or have you been told by a healthcare provider or employer that you may have been exposed to COVID-19?

Yes  No  I don't know.

Are you sick today?

Yes  No  I don't know.

Do you have allergies to medications, food, vaccine component, or latex? Please list.

Yes  No  I don't know.

Have you ever had a serious reaction to a vaccine in the past?

Yes  No  I don't know.

Do you have a long-term health problems with heart disease, lung disease, asthma, kidney disease, metabolic disease (ex: diabetes), anemia or other blood disorder? Are you on long term aspirin therapy?

Yes  No  I don't know.

Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?

Yes  No  I don't know.

In the past 3 months, have you taken medications that affect your immune system such as prednisone, other steroids, or anticancer drugs, drugs for the treatment of rheumatoid arthritis, Crohn's disease or psoriasis; or have you had radiation treatments?

Yes  No  I don't know.

Have you had a seizure, brain, or other nervous system problems? such as Guillain-Barre Syndrome or other nervous system problems?

Yes  No  I don't know.

During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin, monoclonal antibody or convalescent plasma, or an antiviral drug?

Yes  No  I don't know.

For women; are you pregnant or is there a chance you could become pregnant during the next month?

Yes  No  I don't know.

Have you received any vaccinations in the past 4 weeks?

Yes  No  I don't know.

**Consent for vaccination**

I have been given and have read or have had explained to me, the information in the Vaccine Information Statement(s) for the diseases and vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine checked below be given to me or the person named for whom I am authorized to make this request. I request that payment of authorized benefits be made to the New Mexico Department of Health/Public Health Division/Immunization Program, for services furnished to me by that program. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable for related services. I specifically authorize the release of my Medicare or other insurance policy number to the NM Department of Health to allow the Department of Health to seek reimbursement for the vaccine and administrative costs. Unless I sign a statement stating otherwise, I allow immunization information to be entered into the New Mexico Statewide Immunization Information Systems (NMSIIS) and be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The DOH Privacy Policies are available at <http://nmhealth.org/hipaa.shtml> and will be given to all patients when they receive an immunization. \*

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Symptoms Saved Successfully.

**Canceling an Appointment** If you need to cancel your appointment, you will go to the main site for patient registration by clicking this link: <https://vaccine.doh.nm.gov/>

Then click on the first or second picture to go to appointment scheduling.

CV.NMHealth.org NMHealth.org Schedule by Phone: 1-855-600-3453 Select Language

NMDOH Schedule Appointment

## Now is the time to schedule your next vaccine.

COVID-19 vaccines are safe and effective. The risk of infection, hospitalization, and death are all lower for people who are up-to-date with COVID-19 vaccines.

### Schedule Your Vaccine

Do you want to schedule your next vaccine appointment? Log in or create an account to get started today.

[Schedule Your Appointment](#)

### Schedule Your Kid's Vaccine

Do you want to schedule a vaccine for your child or dependent? Click here to learn how to link their profile to yours and schedule their appointment.

[Schedule Your Appointment](#)

### View the Vaccine Event Calendar

See the latest info on events happening in your community.

[View the Vaccine Calendar](#)

#### I want to schedule an appointment online

To schedule an appointment online click here and find a location.

#### I want to schedule an appointment by phone

To schedule your appointment by phone, call 1-855-600-3453, option 3 Monday - Friday 7 AM to 8 PM, Saturdays and Sundays 10 AM to 4 PM

#### I want to view the vaccination event calendar

See the latest info on events happening in your area

Click the Register Now button to continue in English or click the Spanish button to proceed in Spanish.

The screenshot shows the 'Welcome' page of the NMDOH Testing & Immunization Portal. At the top left is the NMDOH logo and the text 'NMDOH Testing & Immunization Portal'. Below this is a large 'Welcome' heading. A paragraph follows: 'This is the official New Mexico Department of Health Immunization Portal. Register now to receive a test or immunization at one of our various locations throughout the state.' There are two buttons: a dark grey 'English' button and a light grey 'Spanish' button. Below the buttons is a red notice: 'Notice: The Vaccine Registration System will undergo changes beginning Monday, 8/28/2023 and continuing through Monday, 9/4/2023. As a result, patient vaccination appointments cannot be scheduled in the System between 8/28/23 and 9/4/23. Providers can begin adding vaccination sites to the System on 8/29/2023, but vaccination sites will not begin seeing patients until Tuesday, 9/5/23. Should you have questions, need help accessing your vaccine records, or need help scheduling an appointment at an outside pharmacy during downtime, please call the New Mexico Department of Health COVID Call Center at 1-855-600-3453.' At the bottom of the main content area is a large blue 'Register Now' button. The footer contains the copyright notice '© 2023 New Mexico Department of Health'.

Then use the Click Here link to cancel the existing appointment.

The screenshot shows the 'Service Type & Location' page of the NMDOH Testing & Immunization Portal. The top navigation bar includes the NMDOH logo, 'NMDOH Testing & Immunization Portal', a 'Lookup Tool' with a magnifying glass icon, and a 'Control Panel' with a gear icon. The main heading is 'Service Type & Location'. Below it is the instruction: 'Please pick the service type you are interested in and the service location you would like to visit.' Under the heading 'Select Service Type', there are three radio button options: 'COVID Vaccination', 'Adult Flu Vaccination', and 'Child Flu Vaccination'. A text prompt reads: 'To Cancel existing appointment. Click [here](#)', where 'here' is a blue link with a red border. The footer contains the copyright notice '© 2023 New Mexico Department of Health'.

Select your language, enter both your Confirmation Code and Date of Birth, and then click Submit. (Note, if you do not have your confirmation code, you can't use this feature. You can always create a new appointment.)

The screenshot shows the top portion of the NMDOH Testing & Immunization Portal. The header includes the NMDOH logo and the text 'NMDOH Testing & Immunization Portal'. On the right side of the header, there are two links: 'Lookup Tool' with a magnifying glass icon and 'Control Panel' with a gear icon. Below the header is a red horizontal bar. The main content area contains a form with the following elements: a 'Select language' dropdown menu with 'English' selected; an 'Enter confirmation code. \*' text input field; an 'Enter date of birth. \*' text input field with a placeholder 'MM/DD/YYYY'; and a dark grey 'Submit' button. At the bottom of the form area, there is a copyright notice: '© 2023 New Mexico Department of Health'.

You will see the following screen listing the details of your appointment. Click the Cancel button to cancel the appointment.

The screenshot shows the details of an appointment in the NMDOH Testing & Immunization Portal. The header is identical to the previous screenshot. The form area displays the following information: 'Select language' dropdown with 'English' selected; 'Enter confirmation code. \*' text input field containing '8Y8AJH'; 'Enter date of birth. \*' text input field containing '12/12/1995'; a dark grey 'Submit' button. Below the form, the appointment details are listed: 'Registrant Name: TestOnly TestOnly'; 'Appointment date & time: 8/31/2023 12:00:00 PM'; 'Address: Northeast Acre'; and 'Appointment Status: Scheduled' (where 'Scheduled' is highlighted in green). At the bottom of the details section, there is a dark grey 'Cancel' button.

The following Appointment Cancelling message will appear. Click Submit.

 **NMDOH** Testing & Immunization Portal

**Appointment cancelled successfully.**

Select language

English

Enter confirmation code. \*

8Y8AJH

Enter date of birth. \*

12/12/1995

Submit

This screen will display, confirming that the scheduled appointment has been cancelled.

 **NMDOH** Testing & Immunization Portal

**Appointment cancelled successfully.**

Select language

English

Enter confirmation code. \*

8Y8AJH

Enter date of birth. \*

12/12/1995

Submit

**Registrant Name:**  
TestOnly TestOnly

**Appointment date & time**  
8/31/2023 12:00:00 PM

**Address:**  
Northeast Acre

**Appointment Status** **Cancelled**

Note, if it is within 24 hours of your scheduled appointment you can't use this feature to cancel it. You can always create a new appointment.

 NMDOH Testing & Immunization Portal

**Unable to cancel any appointments less than 24hours. Please schedule new appointment.**

**Select language**

English

**Enter confirmation code. \***

TV96GM

**Enter date of birth. \***

12/12/1995

**Registrant Name:**  
TestOnly TestOnly

**Appointment date & time**  
8/28/2023 3:00:00 PM

**Address:**  
Northeast Acre

**Appointment Status** **Scheduled**