

# Person Registration

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

To find an immunization location near you, use the interactive map. Set the dropdown filters to narrow the choices by Date, City, Adult/Child Age Range, and Vaccine type. Then hover over the dots to view the available sites.

The screenshot shows the top portion of the vaccine registration website. At the top, there is a purple navigation bar with the text 'CV.NMHealth.org NMHealth.org' on the left, 'Schedule by Phone: 1-833-796-8773' in the center, and a language dropdown menu set to 'English' on the right. Below this is a black bar containing the NMDOH logo on the left and the links 'Schedule Appointment' and 'Event Calendar' on the right. The main content area has a light gray background with the heading 'Now is the time to schedule your next vaccine.' in bold. Below the heading is a paragraph: 'Getting vaccinated for COVID-19, the flu and RSV is the best way to protect yourself this respiratory season. The vaccines are safe and effective and lower your risk of infection, hospitalization, and death.' This is followed by a blue link: 'Use the interactive map below to schedule a vaccine appointment.' Below the text are five dropdown filters: 'Date: Anytime', 'City: Anywhere', 'Adults or Kids: Either', 'COVID, Flu, or RSV: All', and 'Accepts Uninsured Patients: Either'. The bottom half of the screenshot is a map of New Mexico and surrounding regions, with numerous orange dots indicating vaccination sites. The map includes labels for various geographical features like 'Mojave Desert', 'Colorado Plateau', and 'Sonoran Desert', as well as cities like Las Vegas, Phoenix, and Albuquerque. A map control with a plus and minus sign is visible in the top left corner of the map area.

Alternatively, you can use the Event Calendar to find an immunization location near you. Click on the Event Calendar link at the top right of the home page to view the calendar. Scroll to the desired date to view availability. Each site will list the vaccine type offered (COVID/Flu), as well as the vaccine brands (for COVID), and the site information details. Note, you can also set filters to search for a site. Click the Filters Banner at the top of the page and set the desired filters.

**NMDOH** Select Language  
Powered by Google Translate

## Vaccination & Testing Calendar

**Filters**

**Type**

- COVID Test
- COVID Immunization
- Flu Immunization (Adult)
- Flu Immunization (Child)
- Accepts Walk-Ins

**Accessibility**

- Call For Appointment
- Drive Thru
- Emergency Dept
- Wheelchair Accessible
- Mobility Assistance

**COVID Vaccines**

- Accomodations For Deaf
- Accomodations For Blind
- Paperwork Assistance
- Seating
- Sensory Friendly Area
- Moderna 12+
- Moderna 6 Months - 11 Years
- Pfizer 12+ Years
- Pfizer 5-11 Years
- Pfizer 6 Months - 4 Years

City:

Clear Filters

Thursday, September 28, 2023 - Thursday, October 5, 2023

**28** Thursday, September 28, 2023

**9:30 AM - 5:30 PM**  
[Schedule Appointment](#)

**Victor's Regent Pharmacy**  
1643 Isleta Blvd Sw  
Albuquerque, NM 87105

Flu Immunization (Adult) Flu Immunization (Child) Moderna Booster 6+ Years Pfizer Booster 12+ Years Call For Appointment Walk-In Wheelchair Accessible  
Mobility Assistance Deaf Assistance Blind Assistance Paperwork Assistance Seating Available Sensory Friendly Area

**10:00 AM - 4:45 PM**  
[Schedule Appointment](#)

**Phil's Pharmacy**  
5510 Lomas Blvd NE  
Albuquerque, NM 87110-6545

Flu Immunization (Adult) Flu Immunization (Child) Drive-Thru Wheelchair Accessible Seating Available

**10:00 AM - 5:00 PM**  
[Schedule Appointment](#)

**DEL-REY PHARMACY**  
3291 DEL REY BLVD  
Las Cruces, NM 88012

Flu Immunization (Adult) Flu Immunization (Child) Pfizer Booster 12+ Years Pfizer Booster 6-11 Years Call For Appointment Walk-In Wheelchair Accessible  
Paperwork Assistance Seating Available Sensory Friendly Area

**4:30 PM - 7:00 PM**  
[Schedule Appointment](#)

**Del Norte High School**  
5323 Montgomery Blvd NE  
Albuquerque, NM 87109

Flu Immunization (Adult)

**4:30 PM - 7:00 PM**  
[Schedule Appointment](#)

**Del Norte High School**  
5323 Montgomery Blvd NE  
Albuquerque, NM 87109

Flu Immunization (Child)

To schedule an appointment using the **NMDOH Testing & Immunization Portal**, either:

- 1) Click the Schedule Appointment link at the top right of the home page, or
- 2) Click the Schedule Appointment link for your chosen site on the Event Calendar.

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.

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 of text explains that this is the official portal for immunization and registration. There are two buttons: a dark grey 'English' button and a light grey 'Spanish' button. A red 'Notice' text provides contact information for questions. At the bottom is a prominent blue 'Register Now' button. The footer contains the copyright notice '© 2023 New Mexico Department of Health'.

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.)

The screenshot shows the 'Service Type & Location' 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 'Service Type & Location' heading. A paragraph of text asks the user to pick a service type and location. Under the heading 'Select Service Type', there are three radio button options: 'COVID Vaccination', 'Adult Flu Vaccination', and 'Child Flu Vaccination'. Below these options is a text instruction: 'To Cancel existing appointment. Click [here](#)', where the word 'here' is enclosed in a red rectangular box. The footer contains the copyright notice '© 2023 New Mexico Department of Health'.

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.)

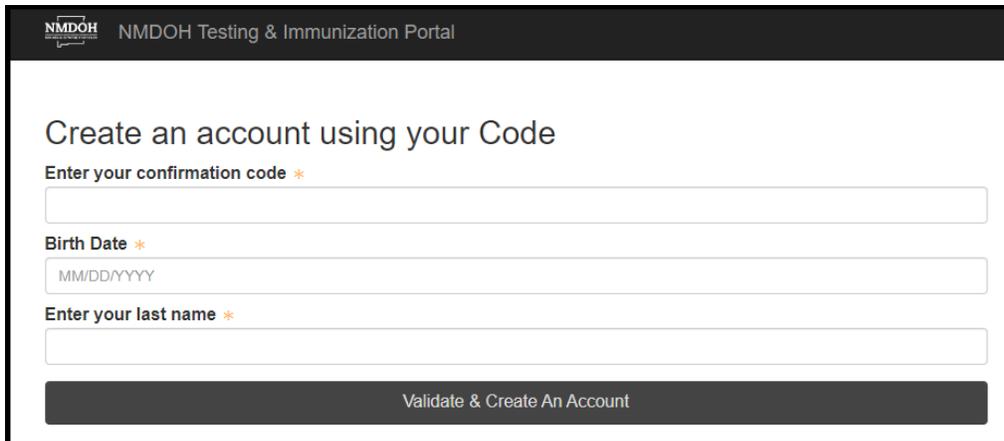
If you have already created an account with us, enter your username and password, and click the Login tab. Note, if you forgot your Username or Password, you could use the links to reset them. ([Click here](#) to skip forward to the Registration section of the documentation.)

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 instruction: "For existing users with a code, Click here to create a login account using your confirmation code". The main form is titled "User Login" and contains two input fields: "Username \*" with a "Forgot Username?" link and "Password \*" with a "Forgot Password?" link. The username field has an example: "Ex: John.doe@outlook.com or Johndoe007". Below the fields is a dark "Login" button. Underneath is a "New User?" section with a dark "Create a new account >>" button. The footer contains 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:

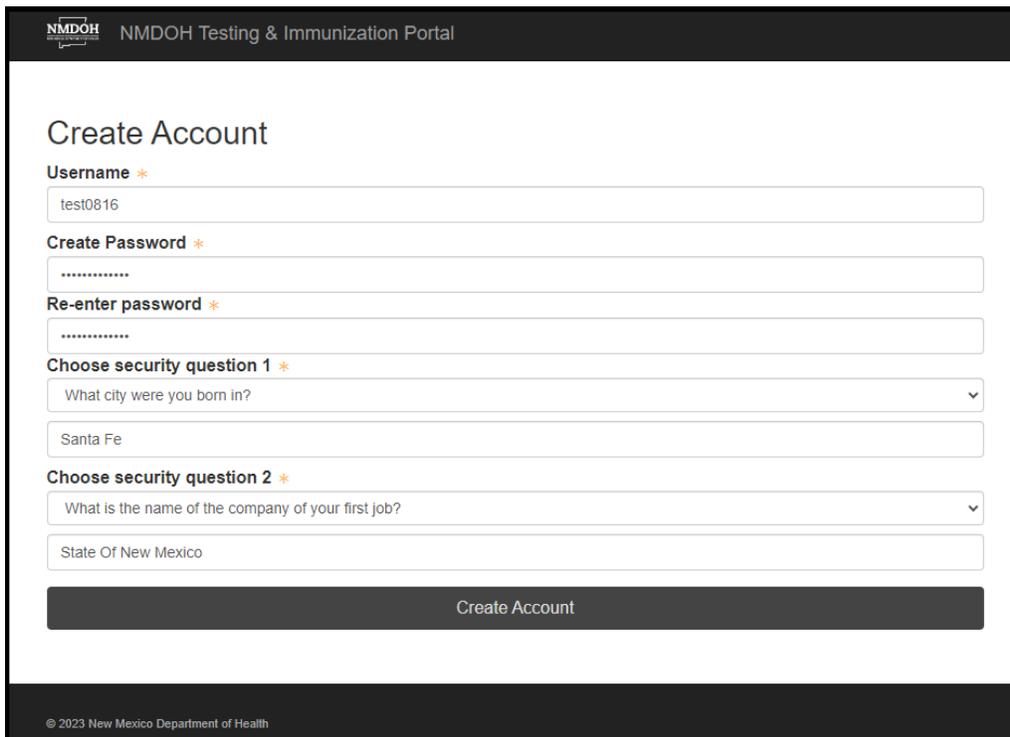
*Your inputs are not matching with our records.  
Please enter valid inputs or [Create a new account](#).*

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



The screenshot shows the 'Create an account using your Code' form on the NMDOH Testing & Immunization Portal. It includes three input fields: 'Enter your confirmation code \*', 'Birth Date \*' (with a placeholder 'MM/DD/YYYY'), and 'Enter your last name \*'. A 'Validate & Create An Account' button is located at the bottom.

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.



The screenshot shows the 'Create Account' form on the NMDOH Testing & Immunization Portal. It includes several input fields: 'Username \*' (with 'test0816' entered), 'Create Password \*', 'Re-enter password \*', 'Choose security question 1 \*' (with 'What city were you born in?' selected and 'Santa Fe' entered), 'Choose security question 2 \*' (with 'What is the name of the company of your first job?' selected), and 'State Of New Mexico'. A 'Create Account' button is at the bottom. A footer at the bottom left reads '© 2023 New Mexico Department of Health'.

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

Confirm Cell Phone

Home Phone

Confirm Home Phone

Email Address

Confirm Email Address

Emergency Contact

Name

Phone Number

Demographics

Primary Language \*

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 be displayed. 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. ✖

**Submit**

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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 Schedule Appointment link at the top right of the page.

CV.NMHealth.org NMHealth.org Schedule by Phone: 1-833-796-8773 English

NMDOH

Schedule Appointment Event Calendar

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

Getting vaccinated for COVID-19, the flu and RSV is the best way to protect yourself this respiratory season. The vaccines are safe and effective and lower your risk of infection, hospitalization, and death.

Use the interactive map below to schedule a vaccine appointment.

Date: Anytime City: Anywhere Adults or Kids: Either COVID, Flu, or RSV: All Accepts Uninsured Patients: Either

Leaflet | Powered by Esri | Esri, HERE, Garmin, FAO, NOAA, USGS, EPA, NPS

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

NMDOH NMDOH Testing & Immunization Portal

## Welcome

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.

English Spanish

**Notice:** Should you have questions, need help accessing your vaccine records, or need help scheduling an appointment at an outside pharmacy, please call the New Mexico Department of Health COVID Call Center at 1-855-600-3453.

Register Now

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

The screenshot shows the top of the NMDOH Testing & Immunization Portal. The header includes the NMDOH logo and the text "NMDOH Testing & Immunization Portal". Below the header is a section titled "Service Type & Location" with the instruction "Please pick the service type you are interested in and the service location you would like to visit." Underneath, there is a link "Select Service Type" and three radio button options: "COVID Vaccination", "Adult Flu Vaccination", and "Child Flu Vaccination". A text prompt reads "To Cancel existing appointment. Click [here](#)", where the word "here" is enclosed in a red rectangular box. At the bottom of the page, there is a 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 a form on the NMDOH Testing & Immunization Portal. The header includes the NMDOH logo, "NMDOH Testing & Immunization Portal", and navigation links for "Lookup Tool" and "Control Panel". The form contains the following elements: a "Select language" dropdown menu currently set to "English"; a text input field labeled "Enter confirmation code. \*"; a text input field labeled "Enter date of birth. \*" with a placeholder "MM/DD/YYYY"; and a dark grey "Submit" button. At the bottom of the page, 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.

 NMDOH Testing & Immunization Portal

**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** **Scheduled**

Cancel

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

Submit

**Registrant Name:**  
TestOnly TestOnly

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

**Address:**  
Northeast Acre

**Appointment Status** **Scheduled**