Instructions for Scheduling a COVID-19 Vaccination Appointment with Rite Aid

Last updated 2/19/2021 using Google Chrome

Website: https://www.riteaid.com/pharmacy/covid-qualifier

Availability: Rite Aid will usually open many appointments just before midnight. Watch <u>www.vaxmaxx.com</u> for real-time availability.

Qualification Screen

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Home / Pharmacy						
Rite Aid COVID	-19	Vaccine Scheduler				
Let's check if you qualify for the C	OVII	D-19 vaccine at this time.				
State and local jurisdiction qualifications determine if you are el complying with all federal, state and/or local guidelines. All resp	ligible f onses d	for the COVID-19 vaccine at this time. The cust on the form must be accurate or your appoint	omer is responsible ment may be cance	for led.		
Date Of Birth		What's your occupation?		`	~	
City		Do you have any other medical conditions?		`	~	
State Y Zip Code (optional)						
Select COVID-19 vaccine dose.						
COVID-19 - Dose 1						
COVID-19 - Dose 2						
			Next			

Enter the information requested. Everything is required except for zip code. If you enter a zip code, it should be used to search for nearby pharmacies on the next screen.

Click on the "COVID-19 – Dose 1" box.

Click on the "Next" button.

If you do not qualify, you will see the following message:



If you do qualify, you will see the following message:



Select a Pharmacy Screen



If you entered a zip code on the Main Screen, it should show in the search bar along with a list of surrounding Rite Aids administering the vaccine. If you did not enter a zip code on the Main Screen, type a zip code or city, state in the search bar.

Click on the "Find Stores" button (this step is necessary whether or not you typed in the search bar).

Click on the "Select this store" button beneath the first pharmacy you are willing to visit.

Select a Pharmacy Screen – No Appointments Available

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SELECTED	Terms	1	
Apologies, due to high demand, there are currently no appointment times available at this Rite Aid. Please select a different sto check again another day.	re or		
Next			
Rite Aid is committed to making our website accessible for all customers, including those with disabilities. We will continue to enhance ou	ır digita		l
properties to deliver accessible experiences. If you experience difficulty accessing our website content, reach out to our Customer Care. Ple COVID-19 vaccine doses are allocated by state and local jurisdictions.	ease not	e that	l
Rite Aid can only make appointments to administer the doses we receive. Please understand that our customer care and pharmacists can appointments and do not have information about future appointments.	not sch	edule	l
Checking our dedicated site (<u>riteaid.com/covid19</u>) and your state or local jurisdiction's website remain your best resources for up-to-date in We are doing everything in our power to make the process as fast and efficient as possible. Together, we can bring an end to this pander for your understanding and cooperation.	nformat nic. Than	on. k you	l
Refill Mobile	^		

If you see the "Apologies..." message:

Click on the "Select this store" button below the next location you are willing to visit.

Click on the "Next" button.

Continue selecting stores down the list as far as you are willing to go. You can also search a different zip code or city, state in the search bar.

Scheduling Screen – No Appointments Available

Sometimes you will advance to the Scheduling Screen and see the "Apologies" message, but a calendar and time slot are displayed. You can either:

Click on the "Previous" button and return to the Select a Pharmacy Screen to search other pharmacies for an appointment.

OR

Click on a time slot if one isn't already selected. If the "Next" button turns green, click on it to proceed. Although it is unlikely that the appointment is available, if you are able to continue, you can provide the information requested in the upcoming pages. When you reach the last page, if the appointment is unavailable or the time or date don't work for you, you can edit the appointment. All of the information you provided will be saved so the next time you find an appointment, you simply need to click the "Next" buttons on those screens and you will reach the last page faster.



Scheduling Screen – Appointments Available



Click on a time slot if the date selected works for you. Otherwise, double click on a blue date and select a time slot that works for you.

Patient Information Screen



Enter the information requested. Everything is required except for mobile phone number.

Patient Information (continued)

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nu RITE R Pharmacy Search	Q Vour Store Sign In Count V Of Cart
City	Please select one or both to ensure you receive appropriate follow- up communication for your vaccine.
State Y Zip Code	Please send reminder via SMS (Text) Messages
	Please send reminders via Email
I don't have a primary care physician, or I prefer not to	o provide it.
I don't have a primary care physician, or I prefer not to Physician Name	p provide it. Physician's Office Phone Number (optional)
Physician Name Street Address (optional)	p provide it. Physician's Office Phone Number (optional) City
Physician Name Street Address (optional) State	Physician's Office Phone Number (optional) City Zip Code (optional)
I don't have a primary care physician, or I prefer not to Physician Name Street Address (optional) State I authorize the pharmacist to send copies of my vaccine docume I authorize the pharmacist to send copies of my vaccine docume I authorize the pharmacist to send copies of my vaccine docume I authorize the pharmacist to send copies of my vaccine docume	e provide it. Physician's Office Phone Number (optional) City Zip Code (optional) ents to my primary care physician.

You must choose to either receive reminders by text or email or you can choose both.

Click the toggle button under the "Primary Care Provider" section if you want to skip filling in primary care provider information.

Medical Information Screen



Enter the information requested. Everything is required except for weight unless you weigh less than 110 lbs.

Medical Information Screen (continued)

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Do you have a long-term health problem with lung disease or asthama? Yes No Don't Know Do you use any nicotine products? Yes No Don't Know Do you have allergies to medications, food (i.e. eggs), latex or any vaccine component (e.g. neomycin, formaldehyde, gentamicin, thimerosal, bovine protein, phenol, polymyxin, gelatin, baker's yeast or yeast)? Yes No Don't Know Have you recleved any vaccinations in the past 4 weeks? Yes No Don't Know Have you ever had a serious reaction after recleving a vaccination? Yes No Don't Know Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from vaccine (e.g. Guillain-Barre Syndrome)? Yes No Don't Know	Do you have a long-term health problem with heart disease, kidney disease, metabolic disorder (e.g. diabetes), anemia, or blood disorders?	Yes	No		Don't Kr	iow		
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Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from vaccine (e.g. Guillain-Barre Syndrome)?	Have you ever had a serious reaction after recieving a vaccination?	Yes	No		Don't Kr	iow		
	Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from vaccine (e.g. Guillain-Barre Syndrome)?	Yes	No		Don't Kr	iow		
Do you have cancer, lukemia, AIDS, or any other immune system problem? (in some circumstances you may be referred to your physician)	Do you have cancer, lukemia, AIDS, or any other immune system problem? (in some circumstances you may be referred to your physician)	Yes	No		Don't	^		

Medical Information Screen (continued)

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Do you take prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? Yes	No	Don't Know
During the past year, have you recieved a transfusion of blood or blood products, including anti bodies?	No	Don't Know
Are you parent, family member, or caregiver to a new born infant?	No	Don't Know
Are you pregnant or could you become pregnant in the next three months?	No	Don't Know
Will you bring your Immunization Record Card with you? Yes	No	Don't Know
Are you currently enrolled in one of our medication adherence programs at Rite Aid (OneTrip Refill, Automated Courtesy Refills, or Rx Messaging - Text, Email, Phone)?	No	Don't Know
Have you had a pneumococcal vaccine? (You may need two different pneumococcal shots)	No	Don't Know
Have you had a shingles vaccine? Yes	No	Don't

Medical Information Screen (continued)

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Have you had a whooping cough(Tdap/Td) vaccine?	fes No Don't Know
Do you have any other medical conditions? (optional)	
Previous	Next
Rite Aid is committed to making our website accessible for all customers, including those with disabilities. We will properties to deliver accessible experiences. If you experience difficulty accessing our website content, reach out to COVID-19 vaccine doses are allocated by state and local jurisdictions. Rite Aid can only make appointments to administer the doses we receive. Please understand that our customer ca appointments and do not have information about future appointments. Checking our dedicated site (<u>riteaid.com/covid19</u>) and your state or local jurisdiction's website remain your best res We are doing everything in our power to make the process as fast and efficient as possible. Together, we can bring for your understanding and cooperation.	continue to enhance our digital o our Customer Care. Please note that are and pharmacists cannot schedule sources for up-to-date information. g an end to this pandemic. Thank you

Screening and Consent Screen



Screening and Consent Screen (continued)

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5. I certify my receipt of the services covered by this claim. I request that payment be made on my the holder to release medical information about me to any party involved in payment or their a	y behalf. I aut gents.	horize	
6. I have read, or have had read to me the Vaccination Information Sheet (VIS) or Emergency Use Author regarding the vaccine(s). I have had the opportunity to ask questions that were answered to my understand the benefits and risks of the vaccine(s). I consent to, or give consent for, the admini vaccine(s). I fully release and discharge Rite Aid Corporation, its affiliates, officers, directors, and liability for illness, injury, loss, or damage which may result there from.	rization (EUA) y satisfaction stration of th employees f	and e rom any	
Patient Signature			
Patient Signature			
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Use your mouse to sign in the box.

Review and Submit Screen



Click on the "Submit Appointment" button.

If you receive a red error message that the appointment is no longer available, click on the "Edit your Appointment" button. This will return you to the Select a Pharmacy Screen. Once you can secure another appointment, the answers to the patient and medical information screens are still stored. Simply click on the "Next" buttons and hopefully you will be more successful.

If you are trying to schedule two appointments and hope to schedule them close together at the same location, you should be able to have two tabs open in the same window of Google Chrome so you can enter the information simultaneously.