



# Accessing and Using the Patient Portal

## Quick Reference Guide

This Quick Reference Guide provides step-by-step instructions on how to:

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### Set Up Your Account

You will receive an email from the State of Ohio donotreply@gettheshot.coronavirus.ohio.gov with a link to create a password to manage your scheduled appointment. Click on “clicking here” to set your password.

Dear John,

Thank you for signing up to receive the COVID-19 vaccine.

Please set up an account to manage your appointment schedule by [clicking here](#) to create a password.

**This is your User ID for your account: [john.doe@user.com.user485](#)**

Please record this User ID or save this email for future use.

After account creation, use this link to log in: [Home](#)



1. Enter a new password and click **“Change Password.”**

**Change Your Password**

Enter a new password for **john.doe@user.com.user485**. Make sure to include at least:

- 10 characters

Also include at least 3 of the following:

- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character ⓘ

\* New Password

\* Confirm New Password

Change Password

2. The patient homepage displays. Click on **“My Dashboard”** tab.  
**Note:** If you enter the password three times incorrectly, you will be locked out for 15 minutes.

Ohio Department of Health

Home Page **My Dashboard**

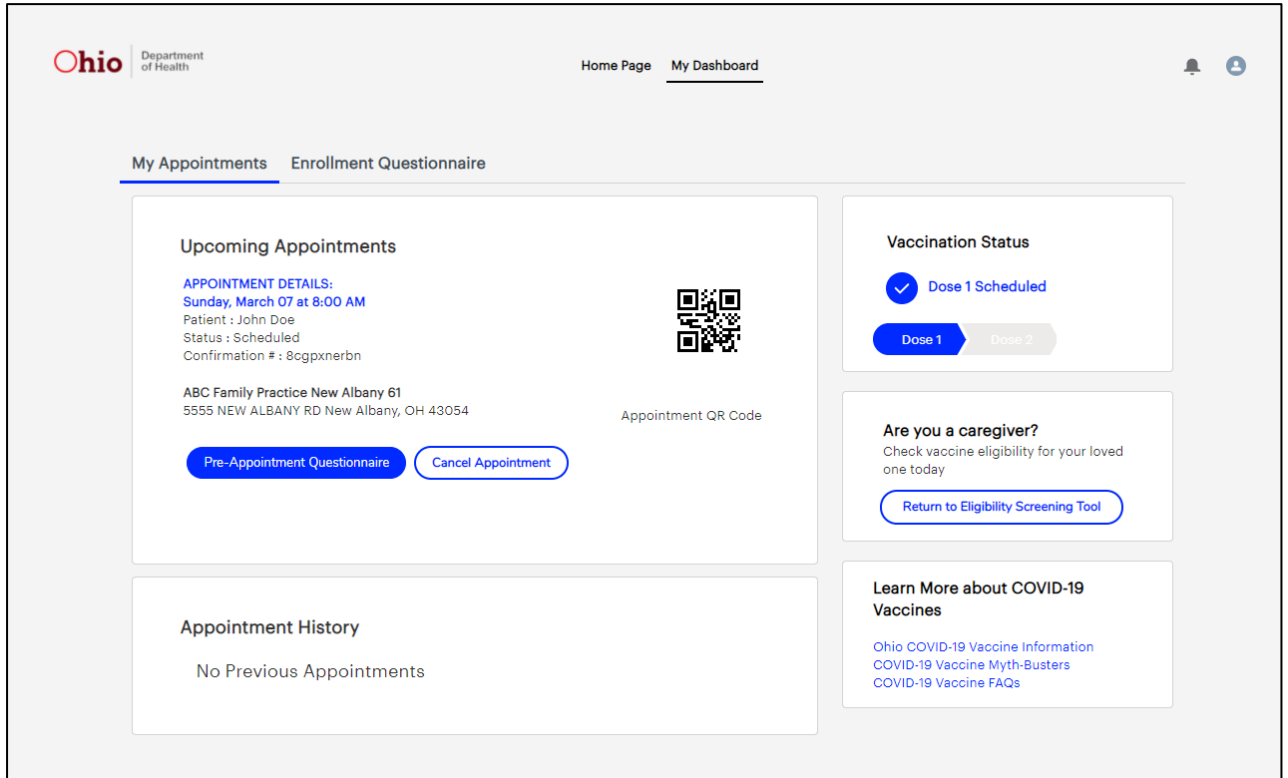
## Protecting You and Your Family

As Ohio continues its COVID-19 vaccine program rollout, stay up to speed with the latest information.

- Ohio COVID-19 Vaccine Information**  
Learn more about COVID-19 vaccines and Ohio's rollout plan.  
Ohio COVID-19 Vaccination Program | ODH
- COVID-19 Vaccine Myth-Busters**  
Separate COVID-19 vaccine facts from fiction with these myth-busters.  
Myths vs. Facts: COVID-19 Vaccine | ODH
- Safety and effectiveness of COVID-19 vaccines**  
Learn about patient trials for the vaccine and what you can expect during the process.  
COVID-19 Vaccine | ODH



3. You will now see your upcoming appointment(s). You will be able to complete your appointment questionnaire or cancel your appointment if needed. In addition, a booking QR code that can be scanned at your appointment by the provider will be shown. This code is also sent to you via email.



## Cancel Appointment

1. If you need to cancel the appointment, click on **“Cancel Appointment.”**



The screenshot shows the 'My Dashboard' page with the following sections:

- My Appointments** (selected) and **Enrollment Questionnaire**
- Upcoming Appointments**:
  - APPOINTMENT DETAILS:
    - Sunday, March 07 at 8:00 AM
    - Patient : John Doe
    - Status : Scheduled
    - Confirmation # : 8cgpnxnerbn
  - ABC Family Practice New Albany 61  
5555 NEW ALBANY RD New Albany, OH 43054
  - Appointment QR Code (with QR code image)
  - Buttons: **Pre-Appointment Questionnaire** and **Cancel Appointment** (highlighted with a red box)
- Vaccination Status**:
  - Dose 1 Scheduled (checked)
  - Buttons: **Dose 1** and **Dose 2**
- Are you a caregiver?**:
  - Check vaccine eligibility for your loved one today
  - Button: **Return to Eligibility Screening Tool**
- Learn More about COVID-19 Vaccines**:
  - Ohio COVID-19 Vaccine Information
  - COVID-19 Vaccine Myth-Busters
  - COVID-19 Vaccine FAQs
- Appointment History**:
  - No Previous Appointments

2. Select a cancellation reason and click on **“Cancel appointment.”**

The 'Cancel Appointment' dialog box contains the following information:

- Header: **Cancel Appointment**
- Confirmation question: **Are you sure you want to cancel your appointment?**
- Appointment details:
  - Sunday, March 07 at 8:00 AM
  - Vaccine : Pending Allocation
- Cancellation Reason**: A dropdown menu with the text 'Select an Option' and a downward arrow.
- Buttons: **Close** and **Cancel appointment**



3. You will receive a notification that your appointment has been canceled.

**SUCCESS!**  
Your appointment has been successfully canceled. It may take a few minutes for the status to change to canceled in your account.

**My Appointments** | Enrollment Questionnaire

**Upcoming Appointments**

**APPOINTMENT DETAILS:**  
Sunday, March 07 at 8:00 AM  
Patient : John Doe  
Status : Scheduled  
Confirmation # : 8cgpXnerbn

ABC Family Practice New Albany 61  
5555 NEW ALBANY RD New Albany, OH 43054

Appointment QR Code

[Pre-Appointment Questionnaire](#) [Cancel Appointment](#)

**Vaccination Status**

Dose 1 Scheduled

Dose 1 | Dose 2

**Are you a caregiver?**  
Check vaccine eligibility for your loved one today

[Return to Eligibility Screening Tool](#)

**Learn More about COVID-19 Vaccines**

[Ohio COVID-19 Vaccine Information](#)  
[COVID-19 Vaccine Myth-Busters](#)  
[COVID-19 Vaccine FAQs](#)

**Appointment History**

No Previous Appointments

## Complete Pre-Screening Questionnaire

1. Within 24 hours of your appointment, you will need to complete a questionnaire. (You will also receive an email reminder to complete it.) Click on **“Pre-Appointment Questionnaire.”**

**Ohio** | Department of Health

Home Page | **My Dashboard**

**My Appointments** | Enrollment Questionnaire

**Upcoming Appointments**

**APPOINTMENT DETAILS:**  
Sunday, March 07 at 8:00 AM  
Patient : John Doe  
Status : Scheduled  
Confirmation # : 8cgpXnerbn

ABC Family Practice New Albany 61  
5555 NEW ALBANY RD New Albany, OH 43054

Appointment QR Code

[Pre-Appointment Questionnaire](#) [Cancel Appointment](#)

**Vaccination Status**

Dose 1 Scheduled

Dose 1 | Dose 2

**Are you a caregiver?**  
Check vaccine eligibility for your loved one today

[Return to Eligibility Screening Tool](#)

**Learn More about COVID-19 Vaccines**

[Ohio COVID-19 Vaccine Information](#)  
[COVID-19 Vaccine Myth-Busters](#)  
[COVID-19 Vaccine FAQs](#)

**Appointment History**

No Previous Appointments



2. Complete the vaccine screening questionnaire by selecting a response to each question. Each answer will default to “No”.

The screenshot shows the 'Vaccine Screening Questions' form in the Ohio Department of Health patient portal. The form is titled 'Vaccine Screening Questions' and includes a sub-header 'Patient Verification & Screening'. It contains several screening questions with radio button options for 'Yes' and 'No'. The 'No' options are selected by default. To the right of the questions, there is a section for appointment details, including the date and time (Saturday, March 06 at 11:00 AM), the location (Hope Pharmacy Columbus 12, 2770 W Broad St Columbus, OH 43204), and a 'Cancel Appointment' button. Below that, there is a 'Test Testing' section with fields for Date of birth (10/17/1950), Sex (Male), and Address (55 ft st, Columbus, Ohio, 45034).

3. Click on “Submit.”

**Note:** If you do not complete this questionnaire prior to the appointment, you will have to complete it at the vaccination site.

This close-up screenshot shows the bottom portion of the vaccine screening questionnaire. It includes the following questions and their default 'No' responses:

- Have you been identified as either a probable or confirmed case of COVID-19 in the last two weeks?  Yes  No
- Have you ever tested positive for COVID-19 or had a doctor tell you that you had COVID-19?  Yes  No
- Have you received antibody therapy (monoclonal or convalescent plasma) for COVID-19 in the last 3 months?  Yes  No
- Do you have any serious health conditions (often called co-morbidities)?  Yes  No
- Do you have a weakened immune system (i.e., from HIV or cancer) or are you on immunosuppressive drugs?  Yes  No
- Do you have a bleeding disorder or are you taking a blood thinner?  Yes  No
- Are you pregnant or breastfeeding?  Yes  No

A red box highlights the 'Submit' button at the bottom right of the form.

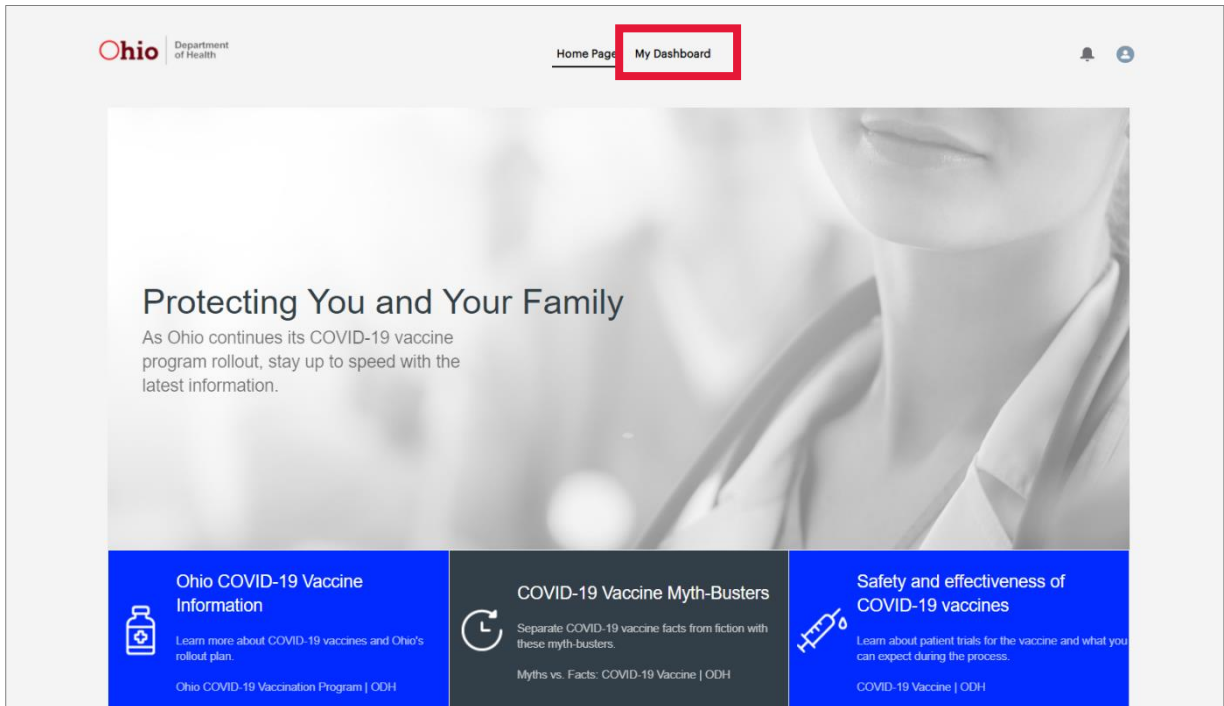


## Record Adverse Reactions

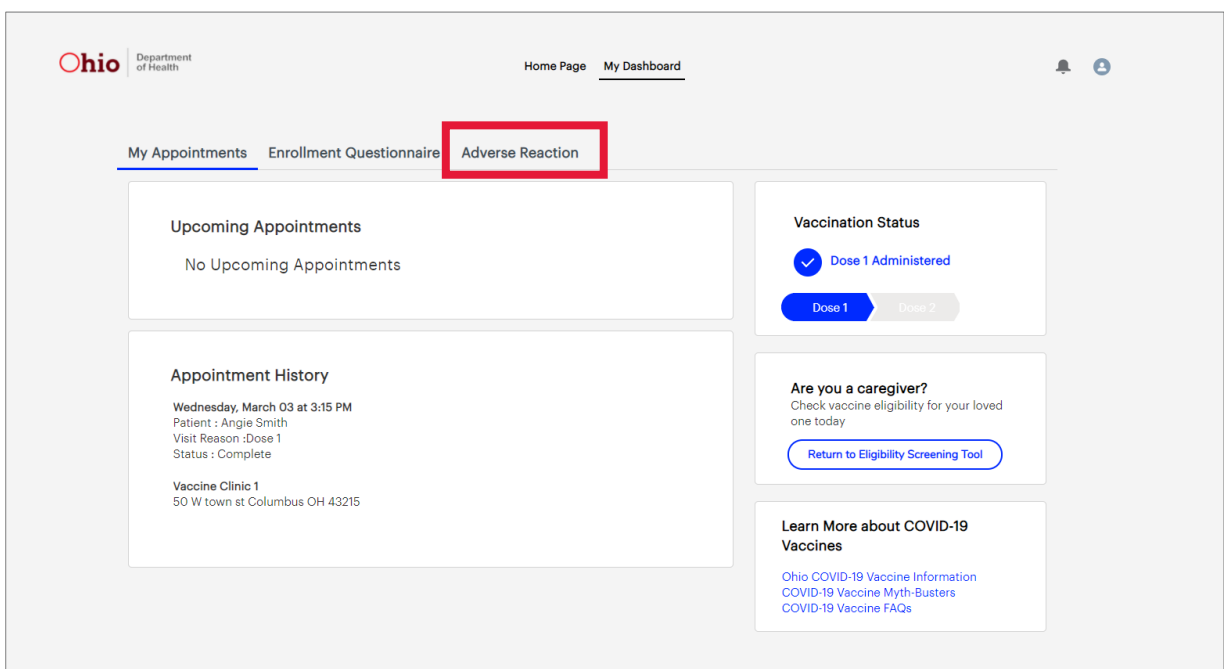
Once the vaccine has been administered to you, you will have the ability to go to the Provider Portal to record any adverse reactions.

**Note:** This tab will only show up on your Patient Portal account after the first dose has been administered, and you are not required to fill it out unless you are recording adverse reactions.

1. Log in to your patient portal using your username and password.
2. The patient homepage displays. Click on **“My Dashboard”** tab.



3. Your Dashboard displays. Click on **“Adverse Reaction”** tab.





4. Complete the adverse reactions information:
  - a. Select the dose for which you are recording an adverse reaction.
  - b. Select the date and time you started experiencing the adverse reactions.
  - c. Check all adverse reactions or symptoms that apply.
  - d. Click on **“Submit”** to upload the information.

**Ohio** Department of Health

Home Page My Dashboard

My Appointments Enrollment Questionnaire Adverse Reaction

**Select a Dose:**  
Dose 1

Use this form to report any unusual side effects or reactions that you experience after getting the vaccine. You also may want to register for the Centers for Disease Control and Prevention “v-safe” smartphone-based tool. It uses text messaging and web surveys to provide you with personalized health check-ins after you receive a COVID-19 vaccine. You can find more information [here](#).

If you need individual medical or healthcare advice, contact a healthcare provider.

Please note that normal side effects from COVID-19 vaccination may feel like flu and might even affect your ability to do daily activities, but they should go away in a few days. Learn more about [what side effects to expect and get helpful tips](#) on how to reduce pain and discomfort after your vaccination.

If you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911. Learn more about [COVID-19 vaccines and rare severe allergic reactions](#).

**Vaccination Status**  
Dose 1 Administered  
Dose 1 Dose 2

**Are you a caregiver?**  
Check vaccine eligibility for your loved one today  
[Return to Eligibility Screening Tool](#)

**Learn More about COVID-19 Vaccines**  
[Ohio COVID-19 Vaccine Information](#)  
[COVID-19 Vaccine Myth-Busters](#)  
[COVID-19 Vaccine FAQs](#)

**Covid-19 Vaccine Adverse Reactions**

When did you start experiencing the adverse reaction?  
Date Time

Which adverse reactions or symptoms did you experience? Check all that apply:

- Skin: flushing/redness/warmth
- Itching
- Nasal congestion
- Throat symptoms
- Cough
- Back pain
- Abdominal pain
- Nausea/Vomiting/Diarrhea
- Fever
- Joint:
- pain/swelling/redness/stiffness
- Numbness/tingling
- Dizziness
- Tunnel vision
- Loss of consciousness

Rash: Appearance

Is the rash in one location or multiple parts of the body?

Blood Pressure (if available) :

**Submit**

**Vaccination Details**  
Mar 3, 2021  
Provider Name: Vaccine Clinic 1  
Provider Address: 50 W town st Columbus OH 43215  
Vaccine: Moderna  
Manufacturer: Moderna

**Patient Details**  
Angie Smith  
Date of birth: Apr 19, 1950  
Sex: Female  
Race: Asian  
Ethnicity: Not Hispanic or Latino