MyChart COVID-19 Vaccination Walkthrough

Step 1: Go to <u>https://mychart.skylakes.org/mychart/Authentication/Login?</u>to be directed to the Sky Lakes MyChart patient portal to log in.



Step 2: Log in to MyChart and select the "Menu" option in the upper-left corner of your screen.



Step 3: In the menu, select the "Schedule an Appointment" option.



Step 4: Under the "Tell us why you're coming in" section, select "Immunization".



Step 5: Answer the prompted questions to determine eligibility.

Request an Appointment START OVER							
Reason for visit	Locations	Providers	(J) Tim	e Verify and schedule			
What kind of appointm	ient are you sche	duling?					
Problem Follow-Up Visit A visit to follow up on a specific medical concern.		New Problem Visit Annual Check Up A general visit to address a new medical concern. A complete physical examples		Annual Check Up A complete physical exam.			
Well Child Check Up A routine Well Child visit.		Telemedicine Visits		Immunization			
A couple of questions If you are experiencing a n Yes No CONTINUE	nedical emergency,	please dial 911. Is this a medical e	mergency?				

Step 5 (Continued)

A couple of questions				
*Indicates a required field.				
*Are you part of Phase 1a: Health (People with direct patient or resid Yes No Not Sure	Care Personnel? Jent contact or those who could be	exposed to infectious material		
*Are you part of Phase 1b, Group 1 Childcare providers, educators, p Yes No Not Sure *Are you part of Phase 1B, Group 6 You may answer more than one if Select all that apply.	-5: Education and Childcare eople 65 and older 5 as indicated below? applicable.	Personnel, or older than 6	5?	
Migrant/Seasonal Worker	Seafood/Agricultural Worker	Food Processing Worker	Living in Senior low-ir	ncome housing
Living in Senior Congregate	and Independent Living Ex	periencing Homelessness	Displaced by Wildfires	Wildland Firefighter
Pregnant and over age 16	None of these			
CONTINUE				

Step 5 (Continued)

A couple of questions

Have you already received your first Vaccine Dose?



Step 5 (Continued)

* Do you have a history of anaphylaxis after receiving this vaccine, or one of its components (e.g. polyethylene glycol for Pfizer vaccine)?
Yes No
* Do you have any of the following symptoms of COVID-19? (E.g. cough, shortness of breath or difficulty breathing, headache, body aches, chills, fever, new loss of taste or smell)
Yes No
*Within the last 14 days, have you had a high-risk exposure to someone with COVID-19? (Examples of high-risk exposures include living with who has COVID-19, spending >15 minutes within 6 feet of someone with COVID-19 without use of proper PPE, or performing an aerosol generating procedure on someone with COVID-19 without using proper PPE)
Yes No
*Within the last 90 days, have you tested positive for or been diagnosed with COVID-19 by a health care provider?
Yes No
*Within the last 90 days, have you received a monoclonal antibody (mAb) treatment for COVID-19? (e.g. bamlanivimab "Bamlan" or casirivimab and imdevimab "Regeneron")
Yes No
*Within the last 14 days have you received any other vaccinations?
Yes No
*Are you pregnant or lactating?
Yes No Not Applicable
*Do you have an immunocompromising condition, or are receiving immunosuppressive therapy?
Yes No
* Do you have a history of anaphylaxis or severe allergic reaction after receiving another injectable (IV, IM or SC) medication or vaccine?
Yes No
CONTINUE

Step 6: If all questions have been answered and it is determined that the patient is eligible, they should then be guided to the available schedule so that they may book a time for their vaccination.

