

Below is the Link as well as the QR code to the employee portal.

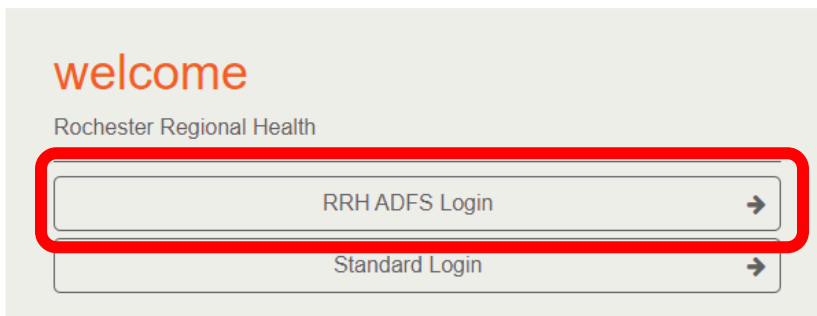
<https://webchartnow.com/rrh/webchart.cgi?f=layout&module=Patient+Portal>

QR Code to the employee portal:



You will pick RRH ADFS Login and input your workday/Epic/SSO username and password.

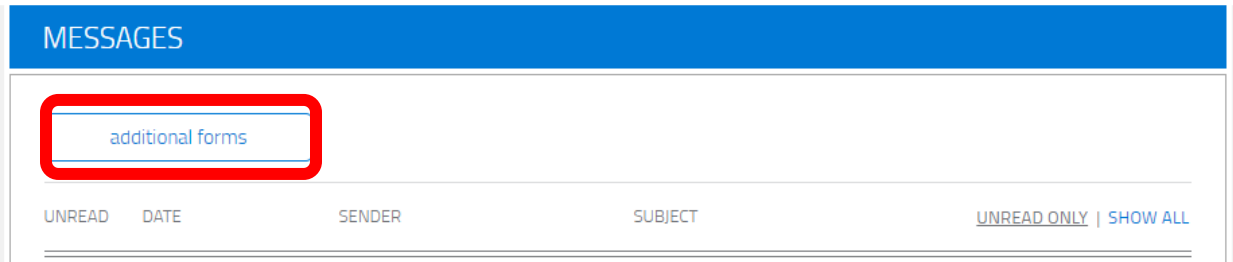
WORKREADY



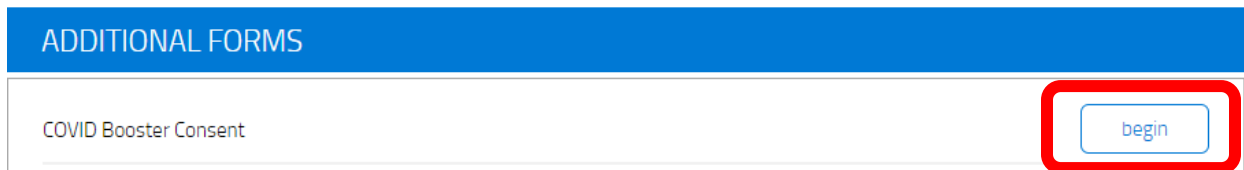
Below is the home page which you will be directed to. You will select Message Center.



You will then select the addition forms tab



You will then choose COVID Booster Consent and Begin.



You will then be directed to the questionnaire. Please fill out all questions

You can review the current Centers for Disease Control and Prevention (CDC) Vaccine Information Statement for the COVID Injection vaccine by clicking on the menu above and selecting 'Additional Resources/Information.'

Do you wish to receive the COVID-19 vaccination? *	<input checked="" type="radio"/> I request to receive the COVID vaccination	
Are you feeling sick today? *	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital. *	<input type="radio"/> Yes	<input type="radio"/> No
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? *	<input type="radio"/> Yes	<input type="radio"/> No
Have you received another vaccine in the last 14 days? *	<input type="radio"/> Yes	<input type="radio"/> No
Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? *	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a bleeding disorder or are you taking a blood thinner? *	<input type="radio"/> Yes	<input type="radio"/> No
Are you pregnant or breastfeeding? *	<input type="radio"/> Yes	<input type="radio"/> No

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. The vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available under a EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Thank you for completing your COVID Vaccination Questionnaire.

I have been provided and have read, or had explained to me, the Vaccine Information Statement (VIS) and FDA Fact Sheet (Fact Sheet) about the COVID-19 vaccination. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as

I accept, understand, and agree

You will then need to accept, understand and agree. You will then click submit.

Thank you for completing your COVID Vaccination Questionnaire.

I have been provided and have read, or had explained to me, the Vaccine Information Statement (VIS) and FDA Fact Sheet (Fact Sheet) about the COVID-19 vaccination. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I understand that if my vaccine requires two doses, I will need to be administered (given) two doses to be considered fully vaccinated. Further, I understand that a third dose of my vaccine ("booster") may be recommended for me to receive at least 6 months following the second dose of Pfizer-BioNTech COVID-19 vaccine if I am a member of a certain population (e.g., 65 years or older, a resident of a long term care facility, 50-64 years with an underlying medical condition, 18-49 years with an underlying medical condition based on individual benefits and risks, 18-64 years and at an increased risk for COVID-19 exposure and transmission because of occupational or institutional setting based on individual benefits and risks) to increase my protection. I understand the benefits and risks of the vaccination as described in the VIS and Fact Sheet. I also understand that Rochester Regional Health is required by law to report information about this immunization as well as certain demographic information, including my name, date of birth, and phone number, to the New York Department of Public Health. I request to receive the COVID-19 vaccination. *

I accept, understand, and agree

Save for later | Cancel

SUBMIT

After completing your consent and pressing submit you will be redirected to the portal home page. You are now ready to schedule your COVID Booster appointment. You will select my appointments.



You will then select schedule a new appointment.

APPOINTMENTS

There are no scheduled appointments or appointments to be scheduled at this time.

[schedule a new appointment](#)

You will then select you reason for your visit. You will select COVID injection from the drop down menu.

1 Choose the reason for your visit


2 Choose the location you wish to visit

You will choose the location you wish to have you booster.

1 Choose the reason for your visit


2 Choose the location you wish to visit

3 Provider(s)

4 Appointment Date and Time 

5 Comments

You will then select the time you wish to arrive to your appointment from the drop down menu.

1	Choose the reason for your visit	COVID Injection	▼
2	Choose the location you wish to visit	Rochester General Hospital	▼
3	Provider(s)	RGH Booster Clinic	
4	Appointment Date and Time	Fri 02-18-2022 01:00pm (ET)	▼ 
5	Comments	<input type="text"/>	

CANCEL **SUBMIT**

After press submit and you have scheduled a COVID booster appointment.