

A woman with short dark hair, wearing a black jacket over a floral shirt and red pants, is walking a young child on a sidewalk. The child is wearing a floral patterned outfit. They are walking away from the camera towards the right. The scene is set outdoors with large trees and sunlight filtering through the leaves, creating a warm, golden glow. The background is slightly blurred, emphasizing the subjects in the foreground.

The Pre-Screening Vaccine Form

What is the pre-screening form?



What is the form?

An assessment tool for individuals to indicate if they may **currently** be eligible for the COVID-19 vaccine. The form will be on the public NY vaccine website, anyone will be able to use it and enter an address, though it will only show providers located in New York. **The form will continue to be updated as phases continue for the vaccine.**



What the form is NOT?

- A tool for **scheduling** vaccine appointments
- The **final say** for whether or not someone will or will not receive the vaccine
- A **tool for businesses** to assess whether they can schedule vaccinations for their employees

The Pre-Screening Vaccine Form

The screenshot shows a web form titled "Enter Your Information Below". It is divided into four sections, each with a blue header and a downward arrow:

- About You:** Includes fields for First Name, Last Name, and Date of Birth. Below these are radio buttons for Sex: Male, Female, Not binary, and Prefer not to answer.
- Contact Information:** Includes fields for Address Line 1, Address Line 2, and City. Below these are fields for State (with a "Pick an option" dropdown), Zip, Preferred Contact Language (with an "English" dropdown), and Preferred Method of Contact (with a "Text Message" dropdown). There are also fields for Email Address and Mobile Phone Number. At the bottom of this section is a checkbox for "I would like to receive text messages or emails regarding my participation in the administration of the COVID-19 Vaccination."
- Additional Information:** Includes two questions with radio button answers: "Are you a worker in a patient-facing healthcare setting or a congregate living setting?" and "Are you currently living in a congregate setting?"
- Acknowledgment:** Contains a "Consent to Disclose" section with text explaining that the screening tool will be used for determining eligibility for a COVID-19 vaccination. It also includes a "Get Started" button at the bottom right.

The pre-screening vaccine form includes 4 sections:

Section 1: About You

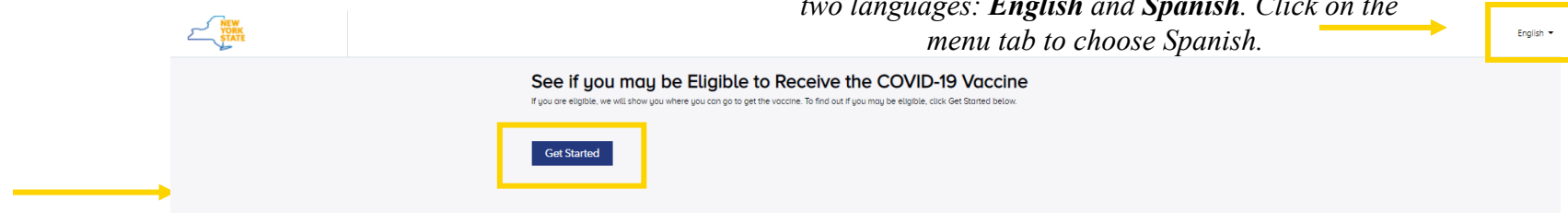
Section 2: Contact Information

Section 3: Additional Information

Section 4: Acknowledgment

Details on each section will be included in the following slides. Click **‘Get Started’** to open the pre-screening form.

*Note: the pre-screening tool is currently available in two languages: **English** and **Spanish**. Click on the menu tab to choose Spanish.*



Section 1: About You

You should complete the form to the best of your ability based on your background, residence, and current occupation.

The screenshot shows the full 'Enter Your Information Below' form. A yellow box highlights the 'About You' section, which includes fields for First Name, Last Name, Date of Birth, and Sex. Below this, there are sections for Contact Information (Address Line 1, Address Line 2, City, State, Zip, Preferred Contact Language, Preferred Method of Contact, Email Address, Mobile Phone Number), Additional Information (Are you a worker in a patient-facing healthcare setting or a congregate living setting?, Are you currently living in a congregate setting?), and Acknowledgment (Consent to Disclose, Information collected on the Eligibility Screening Tool, NYS may disclose personal information without applicant consent, Any information collected through the Screening Tool is also subject to the New York State Freedom of Information Law and the Personal Privacy Protection Law, I consent).

This is a close-up of the 'About You' section of the form. It features a dark blue header with the title 'About You' and an upward arrow. Below the header are three input fields: 'First Name *', 'Last Name *', and 'Date of Birth *'. The 'Date of Birth' field includes a calendar icon. Below these fields is the 'Sex *' section with four radio button options: 'Male', 'Female', 'Non-Binary', and 'Prefer not to answer'.

- **First Name:** First Names should be entered as they are displayed on your ID documentation (*Passport, Drivers License, Birth Certificate, SSN card, Permanent Resident Card*)
- **Last Name:** Last Names should be entered as they are displayed on your ID documentation (*Passport, Drivers License, Birth Certificate, SSN card, Permanent Resident Card*)
- **Date of Birth:** You should populate date of birth in the MM/DD/YYYY format
- **Sex:** M/F/Non-Binary/Prefer Not to Answer

Section 2: Contact Information

You should complete the form to the best of your ability based on your background, residence, and current occupation.

The image shows two views of a web form. On the left is a smaller view titled 'Enter Your Information Below' with a yellow box highlighting the 'Contact Information' section. On the right is a larger, detailed view of the 'Contact Information' form. The form includes fields for Address Line 1, Address Line 2, City, State, Zip, Preferred Contact Language, Preferred Method of Contact, Email Address, and Mobile Phone Number. It also has a consent checkbox and a 'Submit' button.

- **Address:** You should use your current residence (*if eligible, the tool will populate providers based on zip code entered*)
- **Preferred Contact Language:** You must select has English, Spanish, Chinese, Russian, Haitian-Creole, Bengali, Korean
- **Preferred Method of Contact:** One of the two options (Text Message/ Email) must be selected
- **Email Address:** Required if ‘contact preference’ is selected as ‘Email’
- **Mobile Phone Number:** Required if ‘contact preference’ is selected as “Text Message”
- **Participation:** Select yes/no if you would like to receive text messages or emails about administration of the COVID-19 vaccine

Section 3: Additional Information

You should complete the form to the best of your ability based on your background, residence, and current occupation.

Enter Your Information Below

About You

First Name: [] Last Name: [] Date of Birth: [MM/DD/YYYY]

Sex: Male Female Non-binary Prefer not to answer

Contact Information

Address Line 1: [] Address Line 2: [] City: []

State: [Pick an option] Zip: []

Preferred Contact Language: [English] Preferred Method of Contact: [Text Message]

Please enter a phone number or email address that we can contact you at below. Providing a phone number or email address will allow you to receive text messages and emails regarding your information.

Email Address: [] Mobile Phone Number: []

I would like to receive text messages or emails regarding my participation in the administration of the COVID-19 Vaccination. Yes No

Additional Information

Are you a worker in a patient-facing healthcare setting or a congregate living setting? Yes No

Are you currently living in a congregate setting? Yes No

Acknowledgment

Consent to Disclose
This screening tool, and the information provided herein ("Eligibility Screening Tool"), will be used for the sole purpose of determining eligibility for receiving a COVID-19 vaccination.
The information collected on the Eligibility Screening Tool through this website and/or application and the disclosure of such information for the purpose stated above are subject to the requirements of the New York State Internet Security and Privacy Act.
Information collected on the Eligibility Screening Tool is subject to disclosure only with the consent of the applicant. Your completion and submission through this Eligibility Screening Tool results in the disclosure of personal information and constitutes your consent to the collection and disclosure of such information by NYS for the administration of the COVID-19 vaccination.
NYS may disclose personal information without applicant consent if the collection or disclosure is: (i) necessary to perform the statutory duties of NYS, or necessary for NYS to operate a program authorized by law, or authorized by state or federal statute or regulation; (2) made pursuant to a court order or by law; (3) for the purpose of validating the identity of the applicant; or (4) of information to be used solely for statistical purposes that is in a form that cannot be used to identify any particular person.
Any information collected through the Screening Tool is also subject to the New York State Freedom of Information Law and the Personal Privacy Protection Law.
NYS will enforce its rights against any unauthorized access or attempted unauthorized access to NYS information technology assets or against any other inappropriate use of this website.

I consent

[Back](#) [Submit](#)

- **Are you a worker in a patient-facing healthcare setting or a congregate living setting?:** You should select ‘Yes’ or ‘No’ according to their current occupation or a congregate living setting; if you select **Yes**, you will be required to select between the following: *hospital, emergency medical service, ambulatory and outpatient care, private provider clinic or office, FQHC (community-based health center), congregate setting (e.g. nursing home, group home), center for people with developmental disabilities, addiction and mental health treatment facility, pharmacy, COVID testing or vaccination site, none of the above*
- **Are you currently living in a congregate setting?:** You should select ‘Yes’ or ‘No’ according to your current living environment; if you select **Yes**, you will be required to select between the following: *nursing home/ skilled nursing facility/ adult care facility/ assisted living facility, group home / community residence, behavioral health facilities, substance use disorder and serious mental illness treatment facility, none of the above*

Additional Information

Are you a worker in a patient-facing healthcare setting or a congregate living setting? Yes No

Which of these settings do you primarily work in?
Required Field

Are you currently living in a congregate setting? Yes No

Which of these congregate settings do you live in?
Required Field

Note, the form will be updated as phases continue for the vaccine.



Section 4: Acknowledgment

You should complete the form to the best of your ability based on your background, residence, and current occupation.

- **Acknowledgement:** The acknowledgement must be checked to 'I consent' in order to press the 'submit' button. If you do not agree, the form will not be submitted.

Enter Your Information Below

About You

First Name Last Name Date of Birth

Sex Male Female Non-binary Prefer not to answer

Contact Information

Address Line 1 Address Line 2 City

State Zip

Preferred Contact Language Preferred Method of Contact

Please enter a phone number or email address that we can contact you at below. Providing a phone number or email address will allow you to receive text messages and emails regarding your information.

Email Address Mobile Phone Number

I would like to receive text messages or emails regarding my participation in the administration of the COVID-19 Vaccination.

Yes No

Additional Information

Are you a worker in a patient-facing healthcare setting or a congregant living setting? Yes No

Are you currently living in a congregant setting? Yes No

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NYS may disclose personal information without applicant consent if the collection or disclosure is: (1) necessary to perform the statutory duties of NYS, or necessary for NYS to operate a program authorized by law, or authorized by state or federal statute or regulation; (2) made pursuant to a court order or by law; (3) for the purpose of validating the identity of the applicant; or (4) of information to be used solely for statistical purposes that is in a form that cannot be used to identify any particular person.

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I consent

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I consent

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What's next?

You will receive a **system-generated determination** based on your responses to the pre-screening form.

- If you are **eligible**, you will see 'Locate Providers' option. You must contact the individual locations for scheduling options. Scheduling will be based on availability of vaccine.
- If you are **not yet eligible**, you will see the notice to the right 'Currently Not Eligible'

Eligible Notification

Thank you for providing your information
Based on what you have told us, you are eligible to receive a vaccine. Click on the Locate Providers link below to find providers in your area and information on how to schedule an appointment for a vaccine.

[Go Back](#) [Locate Providers](#)

Locate Providers

Below are providers who are currently providing the COVID-19 vaccine and instructions on how you can schedule your COVID-19 vaccine with them. Vaccine availability is subject to change.

Showing providers with in miles of: [Update](#)

(3.9 MILES)

Location :

How to Schedule Appointment : Call:

[Get Directions](#)

(8.2 MILES)

Location :

How to Schedule Appointment : Call:

[Get Directions](#)

(14.1 MILES)

Location :

How to Schedule Appointment : Call:

[Get Directions](#)

Currently Not Eligible Notification

Thank you for providing your information
Currently you are not in a priority group that is eligible to receive a vaccine. Limited amounts of COVID-19 vaccine have been made available to New York State by the Federal Government. As more vaccine becomes available priority groups will be expanded.

[Close & Exit](#)