

Creating an Account for School Staff Surveillance Testing

If testing for the first time, create an account.

1. If you have never registered for the testing before, use the link for new users: <u>First-time</u> <u>Tester Registration Link</u> and then click on the "Click here" link

VERMONT COVID-19 Event Portal	Search Events Login
Confirm Your Account Once you have confirmed your account, you will be able to log in to your account. Need to create an account Click here For help or technical assistance: Please call the Vermont Department of Health COVID-19 Call Center at (802) 863-7240	For best performance of this application, please use the latest version of Chrome, Firefox, or Safari (on Mac OS). Confirm Your Account * Patient ID (Forgot Your Patient ID?) Enter Patient ID * Email Enter Email * Date of Birth Enter Date of Birth Enter Date of Birth

2. Enter your name, date of birth, email and phone number to create an account.

VERMONT	COVID-19 Event Portal		Search Events	Login
	Welcome to the COVID-19 Event Portal. Through this portal you can register for a COVID-19 vaccination clinic or COVID-19 testing event sponsored by the Vermont Department of Health. You will also be able to log in and view your test results once they are available. To register: 1. Create an account. 2. Check your email to verify your account and get your Patient ID (check your spam folder if you don't see the email). 3. Log in with your Patient ID. 4. Register for a testing or vaccination event.	Create an Account *First Name Enter First Name *Last Name Enter Last Name Phone Number Enter Phone Number *Email Address Enter Email *Date of Birth mm/dd/yyyy		

Contact Information:

If you need help at any point during the registration process, email <u>COVID19TeacherTesting@vermont.gov</u>. The inbox is staffed from 8 a.m. – 4 p.m., Monday-Friday.

3. You will receive an email with a "patient ID" and link to set a password for your account. Click on the link in your email to confirm your account.

Your Account has been created > Inbox ×
Vermont AHS ahs.vdhhocenhancedtestingcoord@vermont.gov via 0-9vzq2yvqphogi6.ipzkw4eeb3kutu.t-lbwyea4.na21.bnc.salesforce 9:36 AM (0 minutes ago) to me 👻
DEPARTMENT OF HEALTH
Hello em Brigge Compilant,
Thank you for creating your account with the Vermont Department of Health. Please click <u>here</u> to confirm your account and register for an event.
Your patient ID is:
Thank you, The Vermont Department of Health
The Vermont Department of Health

4. Login with your password to confirm your account.

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Once you have confirmed your account, you will be	the latest version of Chrome, Firefox, or Safari (on Mac	
able to log in to your account.	OS).	
Need to create an account? Click here	Confirm Your Account	
For help or technical accietance: Diagon call the	* Patient ID (Forgot Your Patient ID?)	
For help or technical assistance: Please call the		
Vermont Department of Health COVID-19 Call		
Center at (802) 863-7240	* Email	
	the target of targ	
	* Date of Birth	
	* Password	
	The password must include the following:	
	1. Characters and numbers	
	2. At least 1 special character	
	3. Min length of 10 characters	
	* Confirm Password	
	Confirm	
	Confirm	



Attendee Personal	Consent
Information	Please open the below links to review important COVID-19 testing and vaccine information before
	registering or arriving for your test or vaccination.
	Vermont Agency of Human Services Notice of Privacy Practices
	 Vermont Health Department – COVID-19 Vaccine Information Site
	 Vermont Health Department – COVID-19 Testing Information Site
	* By checking this box, I certify for myself, or as legal guardian for another for whom I am registering, that I have reviewed the Notice of Privacy Practices and have had access to the information and health recommendations regarding the COVID-19, provided above.
	Cancel Next

6. Complete the "Attendee Personal Information" section

Consent	Attendee Per	sonal Information		
2 Attendee Personal Information	an appointment for testing a I am registering for myself, c	nformation requested below. After you have on nd/or vaccination. r registering for a dependent. I attest that the n, and I am authorized to view any test results	registered person is myself or a legal dep	
	*First Name	*Last Name	*E-mail	
	*Phone	*Phone Type		
	(100) 707 F101	Mobile	v	
	* Is the attendee 18 years of	older?		
	Yes			•
	If no, a parent or guardian mus	t sign the consent wavier at the end of the registr	ration process.	
	How would you like to rece	ive communication?		
	0			
	Electronic (Fastest way to	get your test results; 2-3 business days)		-

Your account has been created, but you're not yet registered for testing!

Watch the <u>School Surveillance Testing Registration Video</u> for instructions on how to register for testing at a site in your district.

