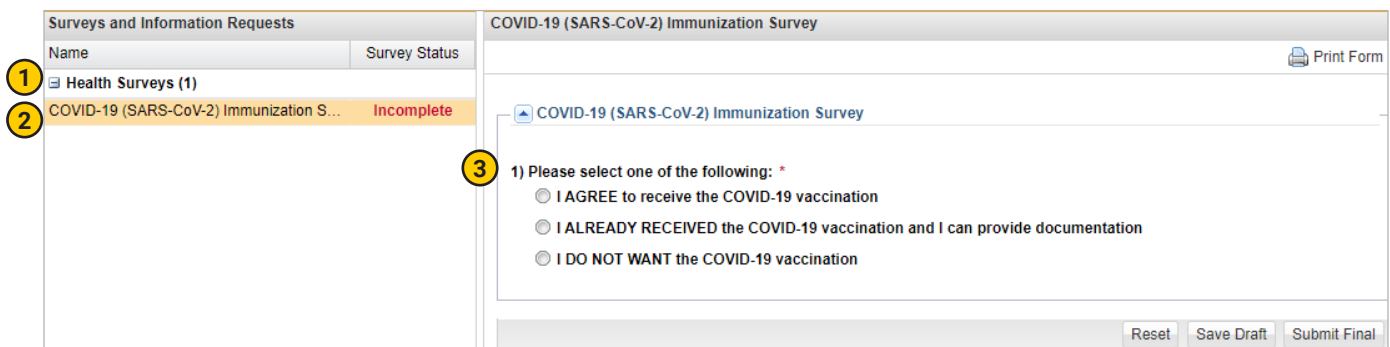


TAKING THE COVID-19 VACCINE BOOSTER SURVEY IN READYSET™

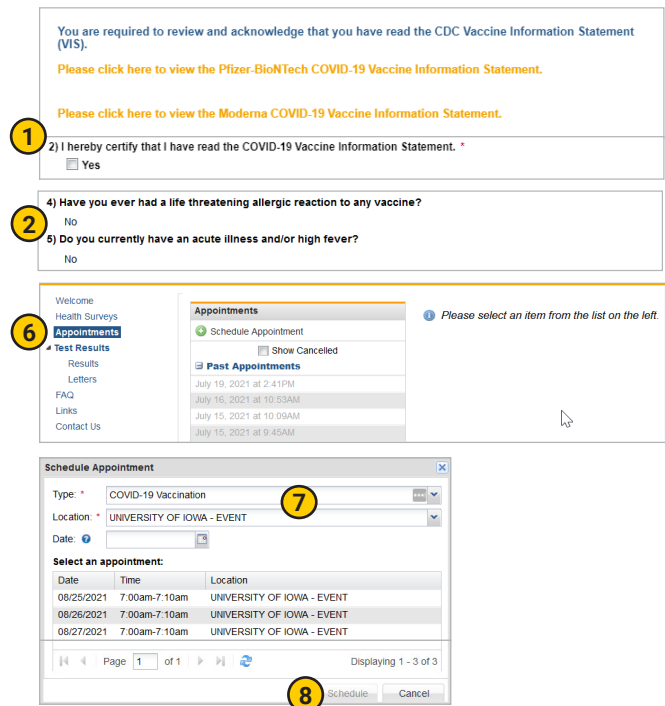
To receive a COVID-19 vaccine booster, first log-in to ReadySet™ and...

1. Choose **Health Surveys** from the left menu
2. Choose **COVID-19 (SARS-CoV-2) Immunization Survey** from the survey menu. This is the same survey you may have completed previously for the COVID-19 vaccine.
3. Select **I AGREE** to receive, or **I HAVE ALREADY RECEIVED**, or **I DO NOT WANT** the COVID-19 vaccine.



I AGREE to receive through the University Employee Health Clinic

1. Read and acknowledge the **vaccine statement**
2. Answer the rest of the survey questions
3. Type your **Electronic Signature**
4. Choose **Submit Final**
5. To schedule your vaccination appointment, click **APPOINTMENTS** from the left menu
6. Select **Schedule Appointment**
7. Select **COVID-19 Vaccination** from the drop-down menu, and **UNIVERSITY OF IOWA-EVENT** for the location
8. Select your preferred date and time, and click **Schedule**
9. The dialog will confirm your chosen date and time. **Click OK to accept**
10. The upcoming appointment will now show under your scheduled appointments on the left hand side of the page.



I ALREADY RECEIVED

1. Indicate **when and where** you received your vaccination
2. Type your **Electronic Signature**
3. Choose **Submit Final**

- 1) Please select one of the following: *
- I AGREE to receive the COVID-19 vaccination
 - I ALREADY RECEIVED the COVID-19 vaccination and I can provide documentation
 - I DO NOT WANT the COVID-19 vaccination

1) When did you receive your COVID-19 vaccination? (Month/Year) *

- 29) Where did you receive your COVID-19 vaccination? *
- Previous employer
 - Personal physician
 - Walk-in clinic
 - Pharmacy
 - Other location

30) If other location, please indicate where you received your COVID-19 vaccination.

31) I received the COVID-19 vaccination elsewhere. I hereby certify that I have carefully read this COVID-19 (SARS-CoV-2) Immunization Survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered. TYPE YOUR NAME BELOW. THIS CONSTITUTES AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW. *

2

3

Reset Save Draft Submit Final

I DO NOT WANT

1. Indicate **why** you do not want the vaccine
2. Type your **Electronic Signature**
3. Choose **Submit Final**

- 1) Please select one of the following: *
- I AGREE to receive the COVID-19 vaccination
 - I ALREADY RECEIVED the COVID-19 vaccination and I can provide documentation
 - I DO NOT WANT the COVID-19 vaccination

I do not want to receive the COVID-19 vaccine. I acknowledge that COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection from and transmission of SARS-CoV-2 and its complications, including death, to my patients, my coworkers, my family, and my community. By selecting this option, I understand that if my workplace has a mandatory vaccination program, I am requesting an exemption.

- 32) I agree and accept the above statement. *
- Yes
 - No

- 33) I have a medical condition that prevents me from receiving the COVID-19 vaccine. *
- Yes
 - No

1

- 34) I do not believe in vaccines for religious reasons. *
- Yes
 - No

35) I do not want to receive the COVID-19 vaccination. I hereby certify that I have carefully read this COVID-19 (SARS-CoV-2) Immunization Survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered. TYPE YOUR NAME BELOW. THIS CONSTITUTES AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW. *

2

3

Reset Save Draft Submit Final