

Provide additional info



You have chosen the COVID-19 (Moderna) vaccine. We'll confirm your appointment once you complete your registration. If you need to make any changes, please select to go back.

[Go back to change appointment](#)

We want to help you spend less time in person, so let's take care of intake details now. We'll ask for your insurance card(s). If you don't have insurance, we'll ask you to input a valid driver's license/state ID number or Social Security number, if you have it.

All fields are required, unless marked optional.

Patient information

First name

Last name

Street address

Unit, apartment, etc (optional)

Enter up to 6 numbers or letters of your unit only.

City

State

ZIP code

Sex assigned at birth

[How do we use sex assigned at birth information? >](#)

Female

Male

Contact information



It's important we can connect with you. Adding your mobile number makes it easier to stay in touch by letting us call and text you about your visits. Your email address gives you access to your vaccination record and other vital health info.

What's the best way to reach you?

Mobile number and email address

Mobile number

Consent to contact you

By continuing to schedule, you consent to receive messages based on your selection (automated text via mobile phone, email or both) about this and follow-up visits, your account and important health care messages. For text messages, standard message and data rates apply. Message frequency varies.

Please be aware that e-mail is not a secure method of communication. This means by choosing to receive protected health information via e-mail, you accept the risk that some protected health information could be acquired by someone other than you.

Please see [Notice of Privacy Practices](#), [Terms of Use](#) and [Privacy Policy](#) to learn more.

If you're unable to provide a phone number or email address, please call [1-800-SHOP-CVS](#) (1-800-746-7287) (TTY:711) to schedule your appointment.

[Continue scheduling](#)

[Cancel](#)

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