

RITE AID

COVID-19 VACCINATION SCHEDULER

Last Updated 2/16/2021

Website: <https://www.riteaid.com/pharmacy/covid-qualifier>

Appointments: Most likely to open appointments around midnight. Check <http://vaxxmax.com/> for real-time updates on available appointments.

Screen #1:

Rite Aid COVID-19 Vaccine Scheduler

Let's check if you qualify for the COVID-19 vaccine at this time.

State and local jurisdiction qualifications determine if you are eligible for the COVID-19 vaccine at this time. The customer is responsible for complying with all federal, state and/or local guidelines. All responses on the form must be accurate or your appointment may be canceled.

Date Of Birth What's your occupation?

City Do you have any other medical conditions?

State Zip Code (optional)

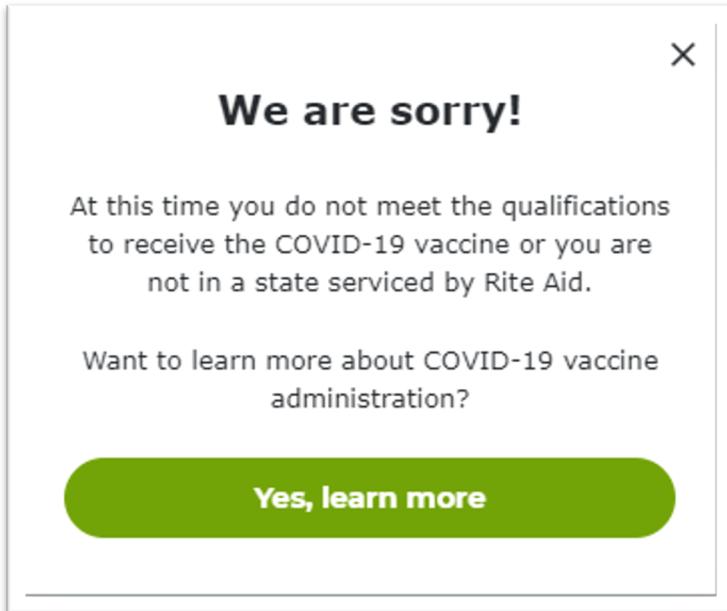
Select COVID-19 vaccine dose.

COVID-19 - Dose 1
 COVID-19 - Dose 2

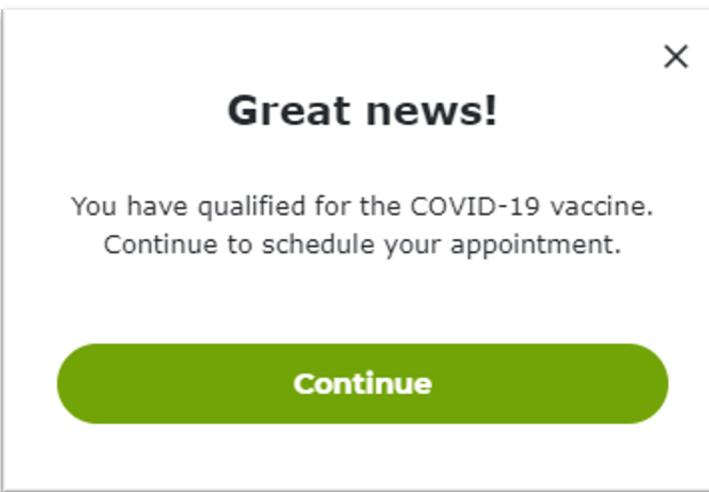
Next

- Enter the information requested.
 - Zip code is optional but if you enter it here, it should be used by the search on the next page.
 - The “COVID-19 – Dose 2” box is not available yet.
- Click on the “Next” button.

If you do not qualify, you will see the following message:



If you do qualify, you will see the following message:



Screen #2:

Rite Aid Immunization Scheduler

Vaccination (edit)
COVID-19 - Dose 1

Select a Pharmacy

*Not all Rite Aid stores can service all vaccines. The list of available dates/times is based on your previous choice(s).

19348  

Results: 10 stores within 50 miles of "19348"

Rank	Address	Rite Aid #	Miles
1	120 South Mill Road, Kennett Square, PA 19348	#11148	1.26 miles
2	929 South High Street, West Chester, PA 19382	#1415	8.31 miles
3	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
4	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
5	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
6	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
7	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
8	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
9	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles
10	100 W Main Street, West Chester, PA 19382	#1415	8.31 miles





- Enter a zip code or city, state if the search box is empty.
- Click on the “Find Stores” button (**this must be clicked!**).
- Click on the “Select this Store” button below the first location you are willing to visit.
- Click on the “Next” button.

If you receive the following message:

⚠️ Apologies, due to high demand, there are currently no appointment times available at this Rite Aid. Please select a different store or check again another day.

- Click on the “Select this Store” button below the next location you are willing to visit.
- Click on the “Next” button.
 - Continue doing so down the list for as far as you’re willing to go.
 - You can also enter a different zip code or city, state in the search bar.

Screen #3 (no appointments):

Make an Appointment at Rite Aid



Vaccination (edit) COVID-19 - Dose 1	Store Location (edit)  15 South Main Street Shenandoah, PA 17976 Rite Aid #208
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What day and time work for you?

⚠️ Apologies, due to high demand, there are currently no appointment times available at this Rite Aid. Please select a different store or check again another day.

Time of Day

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If you receive the following message:

⚠️ Apologies, due to high demand, there are currently no appointment times available at this Rite Aid. Please select a different store or check again another day.

- Click on the “Previous” button.
- Return to Screen #2 instructions.

Screen #3 (appointments available):

Make an Appointment at Rite Aid



Vaccination (edit) COVID-19 - Dose 1	Store Location (edit)  1528 North Broad Street Philadelphia, PA 19121 Rite Aid #2790
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What day and time work for you?

<February 2021>

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6
7	8	9	10	11	12	13

Time of Day

●	10:45 AM	●	11:00 AM
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- Select an appointment time if the date selected works for you; otherwise, double click on a different date and select an appointment time that works for you.
- Click on the “Next” button.

Note: You may see the calendar with times available and the message that appointments are not available. Try to continue on to the next screen regardless of the message.

Screen #4:

Make an Appointment at Rite Aid

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Vaccination (edit) COVID-19 - Dose 1	Store Location (edit)  1528 North Broad Street Philadelphia, PA 19121 Rite Aid #2790	Date & Time (edit) Thursday, February 18 - 10:45 AM
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Patient Information

I am a Guardian or Parent of the Patient. [?](#)

First Name	Last Name	
Date Of Birth	<input type="button" value="Calendar"/>	Mobile Phone Number (optional)
Street Address	Email	
City	Please select one or both to ensure you receive appropriate follow-up communication for your vaccine.	
State	Zip Code	<input type="checkbox"/> Please send reminder via SMS (Text) Messages
<input type="checkbox"/> Please send reminders via Email		

- Enter the information requested.
 - Mobile Phone Number is actually required.
- Click on the “Please send reminder via SMS (Text) Messages” box to receive notifications about your appointment by text
- Click on the “Please send reminders via Email” box to receive notifications about your appointment by email.

Screen continued on next page...

Primary Care Provider



I don't have a primary care physician, or I prefer not to provide it.

Physician Name

Physician's Office Phone Number (optional)

Street Address (optional)

City

State



Zip Code (optional)

I authorize the pharmacist to send copies of my vaccine documents to my primary care physician.

Yes

No

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- Enter the information requested or click on the “I don’t have a primary care physician, or I prefer not to provide it.” toggle button.
- Click on the “Next” button.

Screen #5:

Make an Appointment at Rite Aid

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Vaccination (edit) COVID-19 - Dose 1	Store Location (edit)  1528 North Broad Street Philadelphia, PA 19121 Rite Aid #2790	Date & Time (edit) Thursday, February 18 - 10:45 AM
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Medical Information

Sex (Assigned at Birth) ▼ ⓘ Weight (if less than 110lbs) ⓘ

Are you of Hispanic, Latino/Latina, or Spanish Origin? ▼ ⓘ Which of the following best represents you? ▼ ⓘ

Do you have a long-term health problem with heart disease, kidney disease, metabolic disorder (e.g. diabetes), anemia, or blood disorders? Yes No Don't Know

Do you have a long-term health problem with lung disease or asthma? Yes No Don't Know

Do you use any nicotine products? Yes No Don't Know

Enter the information requested and answer the health questions.

Screen continued on next page...

Do you have allergies to medications, food (i.e. eggs), latex or any vaccine component (e.g. neomycin, formaldehyde, gentamicin, thimerosal, bovine protein, phenol, polymyxin, gelatin, baker's yeast or yeast)?

Yes	No	Don't Know
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Have you received any vaccinations in the past 4 weeks?

Yes	No	Don't Know
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Have you ever had a serious reaction after receiving a vaccination?

Yes	No	Don't Know
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Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from vaccine (e.g. Guillain-Barre Syndrome)?

Yes	No	Don't Know
-----	----	------------

Do you have cancer, leukemia, AIDS, or any other immune system problem? (in some circumstances you may be referred to your physician)

Yes	No	Don't Know
-----	----	------------

Do you take prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?

Yes	No	Don't Know
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During the past year, have you received a transfusion of blood or blood products, including anti bodies?

Yes	No	Don't Know
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Are you parent, family member, or caregiver to a new born infant?

Yes	No	Don't Know
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Are you pregnant or could you become pregnant in the next three months?

Yes	No	Don't Know
-----	----	------------

Will you bring your Immunization Record Card with you?

Yes	No	Don't Know
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Screen continued on next page...

Are you currently enrolled in one of our medication adherence programs at Rite Aid (OneTrip Refill, Automated Courtesy Refills, or Rx Messaging - Text, Email, Phone)?

Yes	No	Don't Know
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Have you had a pneumococcal vaccine? (You may need two different pneumococcal shots)

Yes	No	Don't Know
-----	----	------------

Have you had a shingles vaccine?

Yes	No	Don't Know
-----	----	------------

Have you had a whooping cough(Tdap/Td) vaccine?

Yes	No	Don't Know
-----	----	------------

Do you have any other medical conditions? (optional)

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Click on the “Next” button.

Make an Appointment at Rite Aid



Vaccination (edit)

COVID-19 - Dose 1

Store Location (edit)



**1528 North Broad Street
Philadelphia, PA 19121**
Rite Aid #2790

Date & Time (edit)

Thursday, February 18 - 10:45 AM

Screening and Consent Details

I authorize the release of any medical or other information with respect to this vaccine to my healthcare providers, Medicare, Medicaid or other third party payer as needed and request payment of authorized benefits to be made on my behalf to Rite Aid.

1. I acknowledge that my vaccination record may be shared with federal or state or city agencies for registry reporting.
2. I acknowledge that the pharmacist recommends that vaccinated patients should remain in the waiting area, for 20 minutes, after the administration of the immunization.
3. I acknowledge receipt of [Rite Aid's Notice of Privacy Practices for Protected Health Information](#).
4. I acknowledge that the administration of an immunization or vaccine does not substitute for an annual check-up with the patient's primary care physician.
5. I certify my receipt of the services covered by this claim. I request that payment be made on my behalf. I authorize the holder to release medical information about me to any party involved in payment or their agents.
6. I have read, or have had read to me the [Vaccination Information Sheet \(VIS\) or Emergency Use Authorization \(EUA\)](#) regarding the vaccine(s). I have had the opportunity to ask questions that were answered to my satisfaction and understand the benefits and risks of the vaccine(s). I consent to, or give consent for, the administration of the vaccine(s). I fully release and discharge Rite Aid Corporation, its affiliates, officers, directors, and employees from any liability for illness, injury, loss, or damage which may result there from.

Patient Signature

A large rectangular box with a thin black border, intended for a handwritten signature.

Clear

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- Use your mouse to sign.
- Click on the “Next” button.

Screen #6:

The screenshot shows a progress bar with six dots, the fifth one being green and the sixth being grey. Below it, the title "Review & Submit Your Appointment Information" is displayed. A message says "You are almost done! Please review and submit your appointment information." The form is divided into four sections: "Store Location" (with a thumbnail image of a building and address: 1528 North Broad Street, Philadelphia, PA 19121, Rite Aid #2790), "Appointment Date & Time" (Thursday, February 18 - 10:45 AM), "Patient Information" (empty), and "Vaccination" (COVID-19 - Dose 1). There is an "Edit your Appointment" button in a blue rounded rectangle. At the bottom are "Cancel" and "Submit Appointment" buttons.

- Click on the “Submit Appointment” button.
- Click on the “Edit your Appointment” button if you receive a message that the appointment is unavailable. You will be returned to Screen #2 to search pharmacies again. The good news is that you do not need to fill in Screens #4 and #5 again.

Tips & Tricks:

- One person found an appointment available in California and completed all the screens, then clicked on “Edit your Appointment” to search for appointments in Pennsylvania. This saved time filling out the screens.
- Website works best in Firefox.
- If using Google Chrome, click on the snowman (three dots) in upper right-hand corner, click on “Settings”, click on “Autofill”, and click on “Addresses and More”. This should store your answers to the form questions.