

Covid-19 Information

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# Covid-19 Information

Home

Vaccine Information

Vaccine Roll-out Schedule

Register for the Vaccine

A paragraph of text with an [link to register](#).

## What is Covid-19?

Block of text explaining COVID

- Advice info 1
- Advice info 2
- .....

## Covid-19 Symptoms:

Most Common	Less Common	Serious
Dry Cough	Sore Throat	Difficulty breathing
...	...	...

## Contact Information for the HSE:

Block of text on contact info

- Contact channel 1
- Contact channel 2
- .....

Covid-19 Information

X

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Q

# Vaccine Information

[Home](#) | [Vaccine Information](#) | [Vaccine Roll-out Schedule](#) | [Register for the Vaccine](#)

A paragraph of text with an [link to register](#).

**Vaccines being offered:**

The different vaccines being offered in Ireland are:

- Vaccine 1
- Vaccine 2
- .....

Line of text on vaccine immunity, does, WHO and introducing more information on each vaccine

**Vaccine1:**

Block of text on the vaccine manufacturer, with details of the vaccine, the age groups, doses and any guidelines

Common Side Effect	Rare Side Effects
Side Effect 1	Side Effect 1
Side Effect 2	Side Effect 2
...	...

Repeat this block of vaccine information and the side effects table for each vaccine manufacturer

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# Vaccine Roll-out Schedule

[Home](#)

|

[Vaccine Information](#)

|

Vaccine Roll-out Schedule

|

[Register for the Vaccine](#)

A paragraph of **text** with an [link to register](#).

A line of text with a short statement on rollout process

## What Groups can Register for the Vaccine

- Group 1
- Group 2
- .....

## Current Registration Schedule for People

- Age Group 1
- Age Group 2
- .....

## At Risk Groups:

Very High Risk	High Risk
Category 1	Category 1
Category 2	Category 2
...	...

Covid-19 Information

X

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# Vaccine Registration

[Home](#) | [Vaccine Information](#) | [Vaccine Roll-out Schedule](#) | Register for the Vaccine

A line of text with a short statement on registering

Information

- Registering Information 1
- Registering Information 2
- .....

## Register for the Vaccine:

Enter your Full Name:

Enter your Age:

Enter your Address: (Separate each line with a comma and a new line)

Enter your Email Address:

Enter your Phone Number:

Enter your Eircode:

Enter your PPS Number:

Enter and Vulnerabilities you have:

☐ Vulnerability 1

☐ Vulnerability 2

☐ ...

Do you suffer from a Mental Disorder (if N/A select none): 

Select your option

Submit

## Check Your Details Below

Name:

Your Name

Age

Your Age

Address:

Your Address

Email:

Your Email Address

Phone:

Your Phone Number

Eircode:

Your Eircode

PPS:

Your PPS

If the Information is correct press the submit button below

Submit Data

## Check which Vaccine is most suited for you below

Enter your gender (Male/Female):

Enter your Age: 

Enter Age

Submit

You are eligible for: The list of vaccines you are eligible for