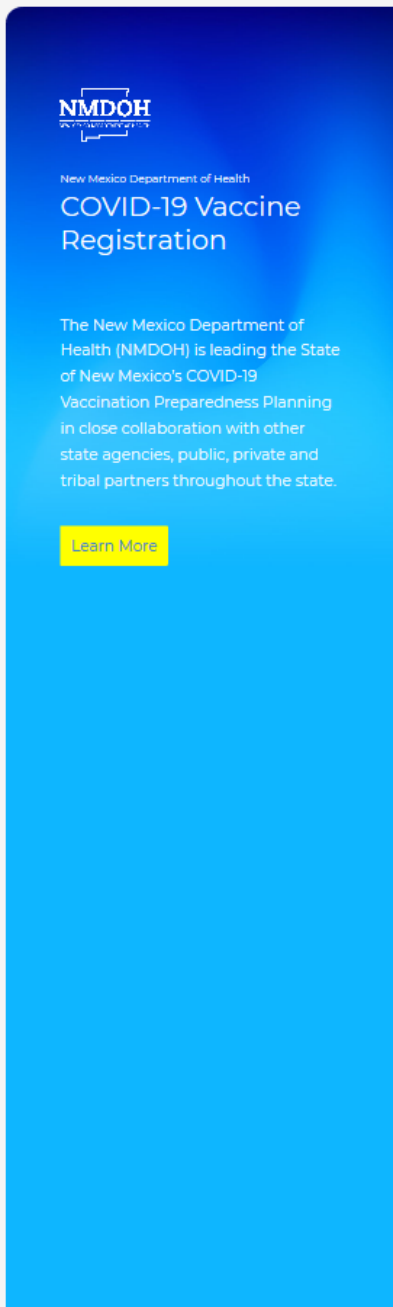


1. Open a web browser and navigate to the following webpage:  
<https://cvvaccine.nmhealth.org>



**NMDOH**  
NEW MEXICO DEPARTMENT OF HEALTH

New Mexico Department of Health  
**COVID-19 Vaccine Registration**

The New Mexico Department of Health (NMDOH) is leading the State of New Mexico's COVID-19 Vaccination Preparedness Planning in close collaboration with other state agencies, public, private and tribal partners throughout the state.

[Learn More](#)

**Alert: If you were not able to enter your Chronic Conditions when you originally registered, please click here to complete your profile.**

## Welcome to the NMDOH COVID-19 Vaccine Registration System.

Please use this registration system to schedule your initial COVID-19 Vaccine and Booster.

### What would you like to do?

**I want to create a new profile**  
In order to schedule an appointment you must have a profile. Each person should only register once.

**I want to access my profile**  
Schedule your Appointments, Update Chronic Health Conditions, Enter Demographic Information and more.

### Do you need some help?

**How does the registration process work?**  
Registering for the COVID-19 vaccine is easy! [Learn more about the process here.](#)

**Frequently asked questions**  
Do you have questions about how to register, confirmation codes, appointments and more? [Click here to find your answers.](#)

### Do you need additional help?

Individuals who have questions or would like support with the registration process - including New Mexicans who do not have internet access - can dial [1-855-600-3453](tel:1-855-600-3453), press option 0 for vaccine questions, and then option 4 for tech support.

### What language do you prefer?

Select Language ▼

2. Select "I want to create a new profile".

**Alert: If you were not able to enter your Chronic Conditions when you originally registered, please click here to complete your profile.**

## Welcome to the NMDOH COVID-19 Vaccine Registration System.

Please use this registration system to schedule your initial COVID-19 Vaccine and Booster.

### What would you like to do?



**I want to create a new profile**

In order to schedule an appointment you must have a profile. Each person should only register once.

**I want to access my profile**

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### What language do you prefer?

Select Language



3. A registration page similar to the one below will appear. Complete the requested fields. Please use your personal email address and list your employer and occupation. You will also need to list any chronic medical conditions if any. Once complete, select the blue “Submit My Registration” button.

## Registration

Please enter your details below and we will contact you when it's time to schedule a vaccination appointment.

### Personal Information

\* FIRST NAME

John

\* LAST NAME

Doe

\* DATE OF BIRTH (MM/DD/YYYY)

e.g., 01/31/1990

\* Zip Code

e.g., 88210

I am signing up someone other than myself

### Contact Information

Keep me updated on New Mexico's ongoing efforts against COVID-19

How would you like the New Mexico Department of Health to contact you? The system will notify you by email, text, or an automated phone call. You can select more than one of the contact options below.

Email  Text/SMS  Automated Phone Call

EMAIL ADDRESS

John.Doe@gmail.com

RE-ENTER EMAIL ADDRESS

John.Doe@gmail.com

### Employment Information

\* EMPLOYER

\* OCCUPATION

### Chronic Medical Conditions

None

### Chronic Medical Conditions

- None

### Increased Risk Of Severe Illness


- Cancer
- Chronic kidney disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (BMI 30 or higher, but less than or equal to 40) [See NIH BMI Calculator to calculate your BMI](#)
- Severe obesity (BMI greater than or equal to 40) [See NIH BMI Calculator to calculate your BMI](#)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes

### Might Be At Increased Risk

- Asthma (moderate to severe)
- Cerebrovascular disease
- Hypertension or high blood pressure
- Cystic fibrosis
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune-weakening medicines
- Liver disease
- Neurologic conditions such as dementia
- Overweight (BMI greater than 25 but less than 30) [See NIH BMI Calculator to calculate your BMI](#)
- Pulmonary fibrosis (damaged or scarred lung tissue)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes

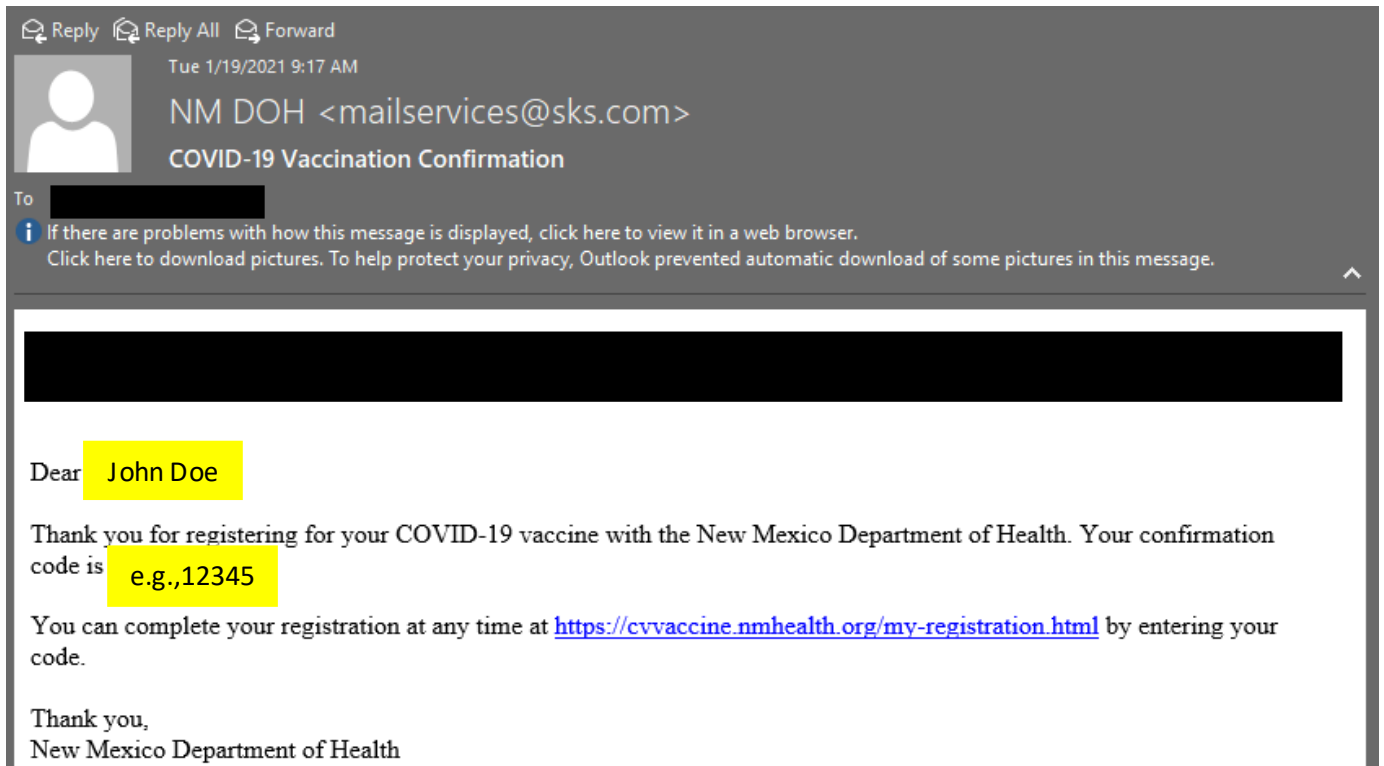
OTHER CONDITIONS

I do hereby certify that the answers and information provided in this application are true and accurate to the best of my knowledge. I understand that any misrepresentation or inaccuracy made by me could delay the administration of COVID-19 Vaccine to others and myself.

I'm not a robot   
reCAPTCHA  
Privacy • Terms

[Submit My Registration](#)

- Once you have submitted your registration, you will receive an email from NM DOH <[mailservices@sk.com](mailto:mailservices@sk.com)> at the email address you listed in the previous step. Retrieve the email along with the code included in the email.



- Enter the code from the email from NMDOH along with your date of birth to continue registration. Once complete, select the “Continue Registration” button.

## Vaccine Confirmation

In a few moments, you will receive a code by email. Please keep a copy of this code in your records, as you will need it to access and update your registration details.

Enter your code and date of birth here to continue your registration.

CODE	DATE OF BIRTH (MM/DD/YYYY)
<input type="text" value="e.g.,123456"/>	<input type="text" value="e.g., 01/31/1990"/>

[Continue Registration](#)

- On the Registration Details page you need to complete the different topics listed under the “Profile” heading. Start by selecting the box titled “Personal Information”.

## Registration Details

### Next Steps

In order to receive your COVID-19 vaccine, you must complete your profile. You do not have to complete your profile in one sitting; you may return to do so at a future date. You will need your confirmation code and date of birth.

Once you have completed your profile, you will be contacted by the Department of Health as soon as you are able to schedule an appointment. On the day of your appointment, the Department of Health will prompt you to fill out your medical questionnaire.

Please note that vaccine is limited. We appreciate your patience.

### Profile



 **Personal Information**  
Status: Incomplete


 **Chronic Medical Conditions**  
Status: Complete

 **Demographic Information**  
Status: Incomplete

 **Employer Information**  
Status: Complete

 **Insurance Information**  
Status: Incomplete

### Appointment

 **Schedule your Appointment**  
Status: Unavailable

 **Medical Questionnaire**  
Status: Unavailable

---

### COVID-19 Vaccine Activity

Please indicate whether you have received any vaccine to date.

#### Initial Dose

HAVE YOU RECEIVED YOUR INITIAL DOSE?

I have received my initial dose

[Update Vaccine Activity](#)

7. Fill in any remaining information. Many of the fields will be auto populated with information you have already provided. Your address should be your address here in New Mexico. Select the “Update Personal Info” button once complete.

## Vaccine Registration

### Personal Information

FIRST NAME	MIDDLE NAME	LAST NAME
John		Doe
BIRTHDATE	GENDER	
e.g., 01/31/1990	Please Make a Selection	

### Address Information

ADDRESS		
ZIP CODE	CITY	COUNTY
88210		Please Make a Selection

### Contact Information

You will be contacted using one or more of the following methods. We recommend that you select at least one of **email** and **text/SMS**, so that any correspondence about your vaccination will be automatically archived.

Text/SMS  Email  Phone Call

EMAIL ADDRESS	RE-ENTER EMAIL ADDRESS
John.Doe@gmail.com	John.Doe@gmail.com

### Emergency Contact

FIRST NAME	LAST NAME	PHONE NUMBER
Jane	Doe	800-123-4567

Update Personal Info

- You will be redirected to the “Registration Details Page” and the “Personal Information” box will have a green check mark. Now select the “Demographic Information” box.

## Registration Details

### Next Steps

In order to receive your COVID-19 vaccine, you must complete your profile. You do not have to complete your profile in one sitting; you may return to do so at a future date. You will need your confirmation code and date of birth.

Once you have completed your profile, you will be contacted by the Department of Health as soon as you are able to schedule an appointment. On the day of your appointment, the Department of Health will prompt you to fill out your medical questionnaire.

Please note that vaccine is limited. We appreciate your patience.

### Profile

 **Personal Information**  
Status: Incomplete


 **Chronic Medical Conditions**  
Status: Complete

 **Demographic Information**  
Status: Incomplete

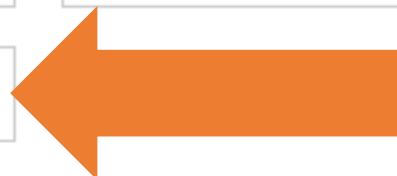
 **Employer Information**  
Status: Complete

 **Insurance Information**  
Status: Incomplete

### Appointment

 **Schedule your Appointment**  
Status: Unavailable

 **Medical Questionnaire**  
Status: Unavailable



---

### COVID-19 Vaccine Activity

Please indicate whether you have received any vaccine to date.

#### Initial Dose

HAVE YOU RECEIVED YOUR INITIAL DOSE?

I have received my initial dose

[Update Vaccine Activity](#)



9. Select the demographic that applies to you or you may opt to select “Decline to Respond”. Select the “Update Demographics” button once complete.

# Vaccine Registration

## Demographics

### PRIMARY LANGUAGE

Please Make a Selection

### RACE

- American Indian(enter tribal affiliation below)
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Decline to Respond

### ETHNICITY

- Hispanic
- Non-Hispanic
- Decline to Respond

---

[Update Demographics](#)

10. You will be redirected to the “Registration Details Page” and the “Demographic Information” box will have a green check mark. Now select the “Insurance Information” box. In the new window, please complete the requested prompts and select the “Update Insurance Information” button once complete.

## Registration Details


### Next Steps


In order to receive your COVID-19 vaccine, you must complete your profile. You do not have to complete your profile in one sitting; you may return to do so at a future date. You will need your confirmation code and date of birth.

Once you have completed your profile, you will be contacted by the Department of Health as soon as you are able to schedule an appointment. On the day of your appointment, the Department of Health will prompt you to fill out your medical questionnaire.


Please note that vaccine is limited. We appreciate your patience.


#### Profile

 **Personal Information**  
Status: Incomplete


 **Chronic Medical Conditions**  
Status: Complete

 **Demographic Information**  
Status: Incomplete

 **Employer Information**  
Status: Complete

 **Insurance Information**  
Status: Incomplete

#### Appointment

 **Schedule your Appointment**  
Status: Unavailable

 **Medical Questionnaire**  
Status: Unavailable



### COVID-19 Vaccine Activity

Please indicate whether you have received any vaccine to date.

#### Initial Dose

HAVE YOU RECEIVED YOUR INITIAL DOSE?

I have received my initial dose

[Update Vaccine Activity](#)

11. You will be redirected to the “Registration Details Page” and the “Insurance Information” box will have a green check mark. All of the boxes should have a green check mark except for the boxes titled “Schedule your Appointment” and “Medical Questionnaire”. These two boxes will be completed at a later date.

## Registration Details


### Next Steps

In order to receive your COVID-19 vaccine, you must complete your profile. You do not have to complete your profile in one sitting; you may return to do so at a future date. You will need your confirmation code and date of birth.

Once you have completed your profile, you will be contacted by the Department of Health as soon as you are able to schedule an appointment. On the day of your appointment, the Department of Health will prompt you to fill out your medical questionnaire.

Please note that vaccine is limited. We appreciate your patience.


### Profile

 **Personal Information**  
Status: Complete


 **Chronic Medical Conditions**  
Status: Complete


 **Demographic Information**  
Status: Complete

 **Employer Information**  
Status: Complete

 **Insurance Information**  
Status: Complete

### Appointment

 **Schedule your Appointment**  
Status: Unavailable

 **Medical Questionnaire**  
Status: Unavailable

### COVID-19 Vaccine Activity

Please indicate whether you have received any vaccine to date.

#### Initial Dose

HAVE YOU RECEIVED YOUR INITIAL DOSE?

I have received my initial dose

Vaccine Activity Update

12. If you have already received an initial vaccination elsewhere, you can document it under the “COVID-19 Vaccine Activity” portion at the bottom of the page. Based on availability and the type of vaccine you received, it may be possible to get your second dose of the vaccine through the NMDOH.

### COVID-19 Vaccine Activity

Please indicate whether you have received any vaccine to date.

#### Initial Dose

HAVE YOU RECEIVED YOUR INITIAL DOSE?

I have received my initial dose



Vaccine Activity Update

13. Once you have completed these steps, your registration is complete. The NM DOH will notify you via email or text when there is a vaccine available event near you.

Dear John Doe

Vaccine is now available at a location near you, and sign-up is on a first-come, first-serve basis. You can register for an appointment at <https://cvvaccine.nmhealth.org/my-registration.html>. Your confirmation code is 9093387. Once you log in, you can use special event code 0868CB to sign up for a time slot.

Thank you,  
New Mexico Department of Health

