DHA Appointing Portal Quick Reference Guide

Use this guide to help you book your COVID-19 vaccine appointment using the DHA Appointing Portal.

Step 1: Choose Your State, Installation, and Vaccine Location

This site is designed to allow Please select the geographic	inization r you to choose the nearest COVID-19 immunization site and request an appointme ral location you wish to start your search in		VAXX Immunization				
 Alabama Alaska California Germany 		These are the ins Please select an	These are the installations available within the geopraphic region you selected. Please select an installation to find an immunization site				
 Hawaii Kentucky Maryland Missouri New Mexico New York New York 	First choose your state.	● Fort Bragg	Next, choose your closest installation. (You may have more than one option.)				
 Notificationa Pennsylvania Texas Washington 							



Step 2: Vaccine Location Landing Page

View general information about your booking location, how to cancel your appointment, and other helpful information.

49h							
WOMACK ARMY MEDICAL CENTER							
None			Welcome				
This space is reserved for DHA enterprise messages shared across all sites							
	Schedule your CC	VID-19 vaccine					
	at Sport	s I ISA					
	ut oport						
	S-2102 Longal Pt. Bragg, N	nee Hoad C 28310					
	Building 3 View Sports USA o	-2101 n Google maps					
	Available Vaccines and	Appointment Times					
	If your Patient Group is not listed below, we are not o	urrently offering vaccines for your Patient Group.					
Patient Group	Initial Dose	Second Dose	Appointment Times				
40+ High Risk Patients who received a phone call	4		Wednesday-Thursday 9:00 a.m 4:00 p.m.				
	4		Friday 10.00 a.m 5:00 p.m.				
Advice/wedgeneent I ren currently wijzelle for the COVID-19 wache based on the information displayed above. If an inclumently ubgeb le do continue to innite an apportiment, Linderstand that I will be turned away it my apportiment.							
Click Next below to acknowledge the above statements and begin booking your appointment.							
To receive an email confirmation of your appointment, please provide your email address when you are booking your appointment.							
If you need to cancel a previously made appointment at this facility, please go here							
Click "Novt" to continue and choose your appointment type							
	munue and th	iouse your appor					

Step 3: Choose Your Appointment Type

Womack Ar	MY MEDICAL CENTER]			
Home					
Pfizer and Moderna versions of the COVID-19 vaccine require two doses to be fully effective.					
Please select which immunization dose you are wanting to schedule an appointment for:					
Initial Dose	To book your 1st dose, ch	oose "Initial Dose"			
Second Dose	To book your 2 nd dose, ch	oose "Second Dose"			
	r				

Step 3b: Provide 1st Dose Information (2nd Dose appointments only)





Step 4: Find Available Appointments

Active appointment date boxes are indicated in teal.

NOTE: A date box will remain teal even if there are no available appointments left for that day.



Home										Choose an appointment
lightgådet calendar days indicate where appointments may be available. Priday 35/2021										
Feb March 2021 Apr							Time slots that are no longer availab	N an dsabled.		
Sun	Mon	Tue	Wed	Thu	Fri	Sat .	05:00	08:15	06:30	02.45
28	1	2	3	4	5		07:00	07:15	07:30	07.45
							08:00	08:15	08:30	00.45
7	8	9	10	11	12	13	09.00	00.15	09:30	09.45
,	0		10	11	12	15	92.00	10.15	10:30	10.45
14	15	16	-							
14	12	Aft	er vou d	choose	a dav w	ith acti	ive		12:30	12.45
			appointments, you will see the appointment							13.45
21	22	²³ app								54.45
		tim								15.45
28	²⁹ ³⁰ time slots appear to the right of the calendar.							16:30	10.45	
									17:30	17:45
4	5	6	7	8	9	10	18:00	10:15	18:30	18.45

Unavailable appoint grayed out and disat	ments are bled.	11:15	11:30	11:45
	13:00	13:15	13:30	13:45
Available appointme appear darker.	ents will	14:15	14:30	14:45
	16:00	16:15	16:30	16:45

Step 5: Enter Your Information

You are requesting a COVID-19 immunization appointment for your first dose on 3/7/2021 @ 10:00. Please fill out this form and press the 'Submit Request' button below to complete your request.					
* indicates a required field					
Have you ever received care at this facility before? Yes No					
* First Name					
* Last Namo	Enter your information.				
* DoD ID Number (this is the 10 digit number on your ID card)	,				
* Date of Birth (mm/dd/yyyy)	Fields with an asterisk* are required.				
Rank or Grade					
Duty Position		_			
Affiliation					
*Phone # (###-####-####)					
Email Address					
* What is your preferred method of contact? O Phone Call O Email Primary Care Manager (#known)					
Submit Request" when you are finished.					

Step 6: Appointment Confirmation

After you submit your request, you will see an appointment confirmation message with your appointment date and time and a link to add your appointment to Outlook.



CANCEL YOUR APPOINTMENT

If you need to cancel your appointment, access the DHA Appointing Portal and choose the same options you used before to find your vaccine location's Landing Page.





Step 2: Submit Your Information

