

# ArmorVax

Download the Armorvax app to your phone Play Store (Android) or App store (Apple), or go to <https://www.armorvax.com> from a computer and click on Login at the top center of the page then click on Patient Login and click on Register.

Technical issues? Contact ArmorVax support at 440-290-0577

Fill in your information.

## Registration

We recommend using personal email address for registration.

If you are receiving vaccination through your employer then you can enter your work email address in next screen.

Entering work email address in next screen will allow you to schedule an appointment at private (invite only) employer or provider location.

### Person Details

#### Email Address

(personal email recommended)

#### First Name

(required)

#### Middle Name

#### Last Name

(required)

#### Suffix

#### Gender



#### Date of Birth

mm / dd / yyyy

#### Ethnicity



#### Race



#### Daytime Phone Number

(required)



#### Mobile Phone Number

(required)



Next >

Click next

## Registration

### Occupation Details

#### Occupation

Select Occupation



#### Job Title

(optional)

#### Work or Private Invitation Email Address

(optional)

Work email address is optional. It is required only when your employer has a private location where its employees can schedule an appointment for vaccination.

Previous

Next >

Click next

## Registration

### Address Details

Address Line 1 123 1st Street

Address Line 2

City Bowling Green

State OH

Zip 43402



County Wood

Do you have health insurance?

Yes  No

Previous

Add Insurance >

Click Add Insurance

### Insurance Details

Health Insurance Company

(required)

Insurance Type

Primary

Health Insurance Policy #

(required)

Confirm Health Insurance Policy#

(required)

Health Insurance Group #

(required)

Confirm Health Insurance Group#

(required)

### Policy Holder Name:

Policy Holder First Name

(required)

Policy Holder Middle Name

Policy Holder Last Name

(required)

Policy Holder Suffix

### Claim Details:

This information is available on the back side of the health insurance card.

Claim Address Line 1

(required)

Claim Address Line 2

City

(required)

State

(required)

Zip

(required)

Claim Phone Number

(required)

Previous

Register >

After filling in insurance information, click on Register.

You are successfully registered.

A one time password (OTP) is sent to your email address.

Please use registered email address and OTP to login.

It may take 1 - 2 minutes for an email to arrive.

If you did not receive an email in next 1 - 2 minutes, please check your spam folder.

## Account Login

New to ArmorVax?

Download the App >



Register >

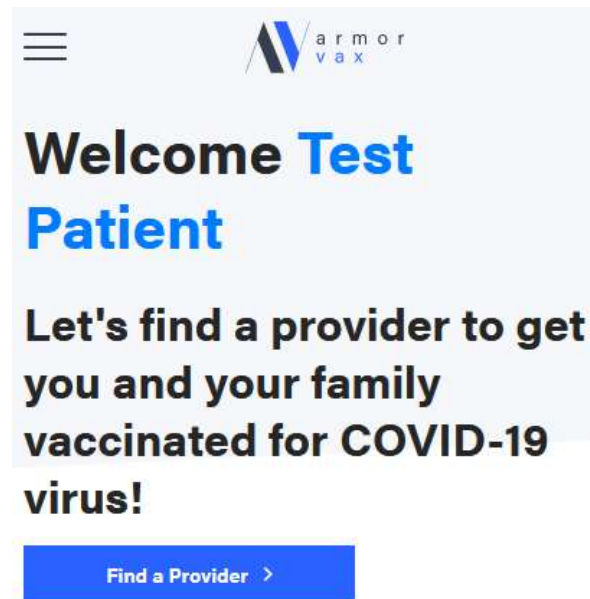
### Returning Customers

Request OTP >

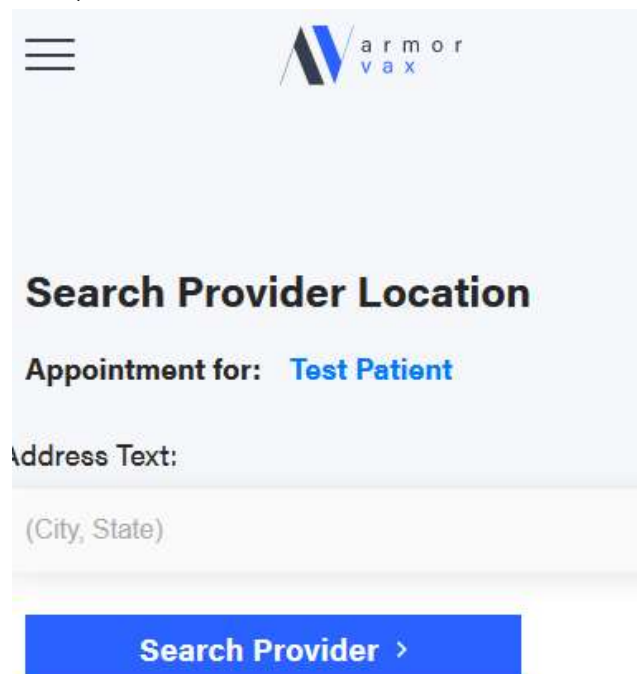
Login To Your Account >

### **Signing up for a vaccination appointment**

Login to your ArmorVax account through the app or <https://www.armorvax.com>  
Click on Find Provider.



If you gave the app permission to use your location, it will automatically show providers around you that are currently offering vaccine appointments. If you did not give the app permission or you are accessing ArmorVax through the website, you will enter your city and state, then click on Search Provider.



ArmorVax will return only those providers currently offering vaccination appointments in your area. If no local provider is currently offering available appointments, "No provider found" will be displayed.



## Search Provider Location

Appointment for: **Test Patient**

Address Text:

Bowling Green, OH

[Search Provider >](#)


Select location from list below.

### Wood County Health Department

1840 E. Gypsy Lane Road

Bowling Green OH 43402



Click on the  icon in the lower right of the location you want to go to for your vaccination.

Click on Get Available Times.



## Screening Questions

Appointment for: **Test Patient**

Please answer following screening questions.

[Get Available Times >](#)

Fill in the radio button next to the time slot you would like and click on Schedule Appointment.



## Schedule Appointment

Appointment for: **Test Patient**

Wed Dec 30, 2020 @ 12:00:PM

[Schedule Appointment >](#)

You will get a screen confirming your appointment. Print or write this information down; you will need it when you arrive at the location. If you are on your phone, you can access it from the app when you arrive.



# Welcome **Test Patient**

## Appointments

**COVID-19**

**Appointment date:**

**Dec, 30 2020 12:00 PM**

**QR Code: OH - CZC - PM6**

**Appointment for:**

Test Patient

**Wood County Health Department**

1840 E. Gypsy Lane Road

Bowling Green, OH 43402

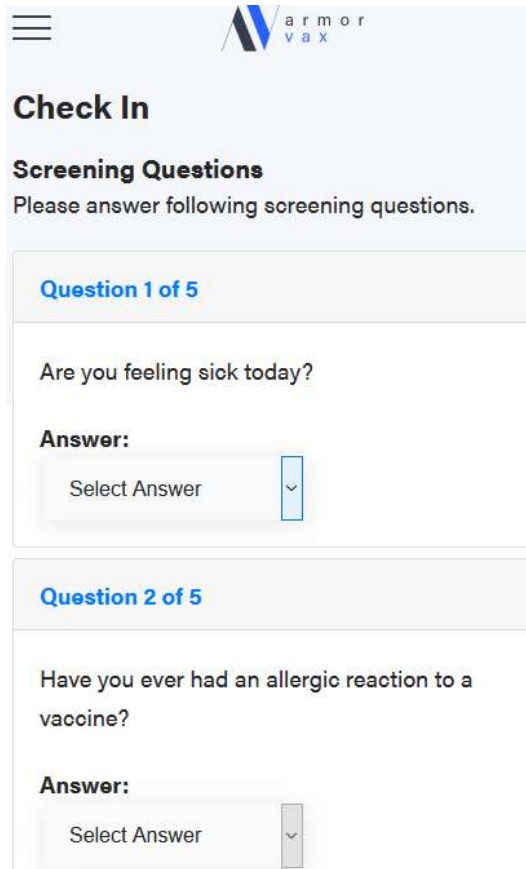
Check-in



## **After arriving at the location**

If you have the app on your phone, open the app and check in to let the provider know that you are at the location.

After checking in, you will be presented with the Screening Questions screen. Answer all the questions.



**armor vax**

### Check In

#### Screening Questions

Please answer following screening questions.

**Question 1 of 5**

Are you feeling sick today?

**Answer:**

Select Answer

**Question 2 of 5**

Have you ever had an allergic reaction to a vaccine?

**Answer:**

Select Answer

Read the consent form and click "I agree to Consent" if you agree, then click Check In.