



<https://www.mass.gov/covid-19-vaccine>

Pre-registration Form for MA COVID-19 Vaccines

This website will help you pre-register for your COVID-19 vaccines. People who live, work, or study in Massachusetts can pre-register for a COVID-19 vaccine appointment at the following mass vaccination locations: Fenway Park, Gillette Stadium, Reggie Lewis Center, DoubleTree Hotel-Danvers, Eastfield Mall-Springfield, Natick Mall, former Circuit City-Dartmouth.

Instructions

- Log onto <https://www.mass.gov/covid-19-vaccine>
- You'll be brought to this page:

EMERGENCY ALERTS | Coronavirus Update | HIDE ALERTS

Sign-up for COVID-19 alerts: Get notified by text, email, or phone in your preferred language. Feb. 1st, 2021, 10:00 pm [Read more](#)

For the latest information on COVID-19: Vaccines, Cases, Restrictions Mar. 15th, 2021, 7:10 pm [Read more](#)

Menu | Select Language | State Organizations | Log In to...

Mass.gov | Search Mass.gov

Massachusetts is vaccinating against COVID-19

Vaccine supply is very limited

People who live, work, or study in Massachusetts can preregister for a COVID-19 vaccine appointment at a **mass vaccination location**: Fenway Park, Gillette Stadium, Reggie Lewis Center, DoubleTree Hotel-Danvers, Eastfield Mall-Springfield, Natick Mall, former Circuit City-Dartmouth.

- Half way through the page, you can to click the option(s) that describe you.

Step 1: Find out if you can get a vaccine now

These Phase 1 and Phase 2 groups can now get the vaccine:

PEOPLE AGE 75 AND OLDER	PEOPLE AGE 65-74	PEOPLE WITH 2+ CERTAIN MEDICAL CONDITIONS
LOW INCOME AND AFFORDABLE SENIOR HOUSING RESIDENTS & STAFF	HEALTH CARE WORKERS	LONG TERM CARE SETTINGS
FIRST RESPONDERS	CONGREGATE CARE SETTINGS	EDUCATORS, CHILD CARE WORKERS & SCHOOL STAFF

These Phase 2 and Phase 3 groups will be eligible next:

EFFECTIVE 3/22/21: AGE 60 AND OLDER	EFFECTIVE 3/22/21: CERTAIN WORKERS	EFFECTIVE 4/5/21: AGE 55 AND OLDER
EFFECTIVE 4/5/21: PEOPLE WITH 1 CERTAIN MEDICAL CONDITION	EFFECTIVE 4/19/21: GENERAL PUBLIC	

Learn more about:

[PHASE 1](#) [PHASE 2](#) [PHASE 3](#)

- Keep scrolling and you will find
- **“Vaccine eligibility checker”**
- If you wish to find out if you are currently eligible to get the Vaccine, you can complete the google form.

Vaccine eligibility checker

Check if you are eligible

* Required

Do you live or work in a long-term care facility, for example, skilled nursing facility, assisted living residence, rest home? *

Yes

No

[Next](#)

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- To pre-register for the COVID-19 vaccine, which is at the top of the page, is this box
- It says “**PRE-REGISTER AT VACCINESIGNUP.MASS.GOV**” click on it

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PREREGISTER AT VACCINESIGNUP.MASS.GOV

- And the location of the vaccines are here

- This will be the screen that pops up when you click to **PREREGISTER**



Language
English ▾

Preregistration Form for Massachusetts COVID-19 Vaccines at Mass Vaccination Locations

15%

How It Works:

- Fill out this form to preregister for a vaccine appointment at a mass vaccination location. **Preregistration is only available for mass vaccination locations.**
- After you preregister, you will receive weekly status updates on your preferred contact method. If you get an appointment somewhere else, please remove your name from the preregistration list by replying to these updates.
- We will contact you when there are appointments available for you and provide you with a link to use to select and book your appointment.

Massachusetts receives a limited supply of COVID-19 vaccine doses from the federal government each week. Due to high demand and very limited supply, there are a limited number of appointments available for eligible people at this time.

Please note that per [CDC Guidance](#), we ask that individuals with allergies work directly with their healthcare provider to get vaccinated.

Read about the vaccination plan in Massachusetts:

- [Check if you have a certain medical condition](#)
- [Use this list of workers to find out which group you are in](#)
- Read more information [about the mass vaccination locations](#)

NEXT

- You can read through these facts if you want to
- Then click next

- Complete this form:

Preregistration Form for Massachusetts COVID-19 Vaccines at Mass Vaccination Locations

32%

Personal Information

Provide the personal information of the individual being vaccinated ("the patient").

Are you filling this form out on behalf of someone else?*

Yes

No

Patient's First Name*

Patient's Middle Name

Patient's Last Name*

Patient's Date of Birth (mm/dd/yyyy)*

mm/dd/yyyy

Patient's Sex

Male

Female

Transgender

Prefer not to say

Other

Patient's Race

Asian

Black or African American

White

American Indian / Alaskan Native

Native Hawaiian or Other Pacific Islander

Other race

Prefer not to say

Patient's Ethnicity

Hispanic

Non-Hispanic

Other ethnicity

Prefer not to say

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- then click next

- Complete the following information:

Preregistration Form for Massachusetts COVID-19 Vaccines at Mass Vaccination Locations

50%

Address and Contact Information

By providing this information, you agree to be contacted by the Commonwealth of Massachusetts about your preregistration status and notified when you have an opportunity to book your vaccine appointment.

What is your address?

Street Address

City

State

ZIP Code*

Preferred Contact Method*

Email

Text Message

Phone Call

Email

Confirm Email

Phone*

Confirm Phone*

Language preference for communications

Arabic

Cape Verdean

Chinese

English

French

Haitian Creole

Khmer (Cambodian)

Portuguese

Russian

Spanish

Vietnamese

Other

Would you like assistance over the phone when it is time to book your appointment?*

Yes

No

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- then click next

- Check off the options that apply to you:



66%

Eligibility Group

Give us more information to determine your eligibility. We have already calculated your age using your birth date

Do you have any certain medical conditions?*

- 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 and severe obesity (body mass index [BMI] of 30 kg/m² or higher)
- Pregnancy (If you have questions around getting vaccinated, talk with your healthcare provider.)
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus
- Asthma (moderate-to-severe)

2 or more of these certain medical conditions

1 of these certain medical conditions

None of the above

Do you reside in any of the following settings?*

Long-term care facility

Congregate care facility (e.g., corrections, shelters, group home)

Public or private low-income or affordable senior housing

None of the above

Are you employed in any of the following occupations?*

- Clinical or non-clinical Health Care Worker, including home-based care
- First Responder
- Long-term care worker
- Congregate care facility worker (e.g., corrections, shelters, group home)
- Public or private low-income or affordable senior housing worker
- K-12 educator or school staff
- Child care worker
- Restaurant or cafe worker
- Grocery or convenience store worker
- Food pantry worker or volunteer
- Food, meatpacking, beverage, agriculture, consumer goods, retail, or foodservice worker
- Vaccine development worker
- Medical supply chain worker
- Transit/transportation worker
- Sanitation worker
- Public health worker
- Public works, water, wastewater, or utility worker
- Court system worker (judges, prosecutors, defense attorneys, clerks), other than court officers who are listed under first responders
- Funeral director or funeral worker
- Shipping port or terminal worker
- None of the above

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- then click next

- Check the boxes and enter your name:



Preregistration Form for Massachusetts COVID-19 Vaccines at Mass Vaccination Locations

100%

Attestation

Select all options to attest:

- I hereby attest under the penalties of perjury to the best of my knowledge and belief that the person being vaccinated meets the eligibility criteria that I entered above.*
- I hereby attest under penalties of perjury that the person being vaccinated lives, works, or studies in Massachusetts.*

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>

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SUBMIT

- then click submit



Congratulations you have successfully pre-register for the MA COVID-19 Vaccine!!!