



Covid Symptoms Question On Check In



ute
inic®

Para Español
Para Español presione aqui.

Welcome!

Do you already have an appointment?

Yes



No

Please scan your barcode if you have special vouchers

Pay My Bill

Questions 1 (new question):

Have you been tested for COVID-19 in the last 10 days? (Yes/No)

- If answers yes, **What were your results?** (Positive, Negative, Results not back yet)
- If answer no, Move to current screen questions
 - If answer results are Positive or negative, move to current screener question
 - If answers results not back yet then...
 - **Reason for testing?** (Travel or exposure to COVID 19 and/or symptoms of COVID-19)
 - Move to current screener question

Question 2 (current question that is alive)

In the past 14 days, have you experienced any of these symptoms OR been exposed to others with suspected or known COVID-19 infection?

- **Congestion**
- **Cough**
- **Loss of Taste of Smell**
- **Sore Throat**
- **Fever**
- **Shortness of breath or difficulty breathing**

- **If you answer yes, our clinicians can see you for these symptoms during your visit.**

(Yes/No)



Covid Symptoms Question Flow 1

Have you been tested for COVID-19 in the last 10?

Yes

No



Exit

Have you been tested for COVID-19 in the last 10?

Yes

No

What were your results?

Positive 

Negative

Results Not Back Yet



Exit

Have you been tested for COVID-19 in the last 10?

Yes

No

What were your results?

Positive

Negative

Results Not Back Yet

Reason for testing?

Travel

Exposure to Covid 19

Symptoms of COVID-19 



Exit

Have you been tested for COVID-19 in the last 10?

Yes

No

What were your results?

Positive

Negative

Results Not Back Yet

Reason for testing?

Travel

Exposure to Covid 19

Symptoms of COVID-19



Exit

Results Not Back Yet

Reason for testing?

- Travel
- Exposure to Covid 19
- Symptoms of COVID-19

In the past 14 days, have you experienced any of these symptoms OR been exposed to others with suspected or known COVID-19 infection?

- Congestion
- Cough
- Loss of taste or smell
- Sore throat
- Fever
- Shortness of breath or difficulty breathing

- Yes 
- No

Back

Next

Exit

*if you answer yes, our clinicians can see you for these symptoms during your visit.



Covid Symptoms Question Flow 2

Have you been tested for COVID-19 in the last 10?

Yes

No



Back

Exit

*if you answer yes, our clinicians can see you for these symptoms during your visit.

Have you been tested for COVID-19 in the last 10?

Yes

No

What were your results?

Positive

Negative

Results not back yet



Back

Exit

*if you answer yes, our clinicians can see you for these symptoms during your visit.

In the past 14 days, have you experienced any of these symptoms OR been exposed to others with suspected or known COVID-19 infection?

- Congestion
- Cough
- Loss of taste or smell
- Sore throat
- Fever
- Shortness of breath or difficulty breathing

*if you answer yes, our clinicians can see you for these symptoms during your visit.

Yes

No



Exit



Back



Covid Symptoms Question Flow 3

Have you been tested for COVID-19 in the last 10?

Yes

No 



Exit

Have you been tested for COVID-19 in the last 10?

Yes

No

In the past 14 days, have you experienced any of these symptoms OR been exposed to others with suspected or known COVID-19 infection?

- Congestion
- Cough
- Loss of taste or smell
- Sore throat
- Fever
- Shortness of breath or difficulty breathing

Yes 

No



Exit

*if you answer yes, our clinicians can see you for these symptoms during your visit.



Covid Symptoms Question On New Appointment



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Yes

No



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Pay My Bill

How Would You Like To Proceed?



New Appointment



**CVS Colleague
Check-In**

Exit

In the past 14 days, have you experienced any of these symptoms OR been exposed to others with suspected or known COVID-19 infection?

- Congestion
- Cough
- Loss of taste or smell
- Sore throat
- Fever
- Shortness of breath or difficulty breathing

*if you answer yes, our clinicians can see you for these symptoms during your visit.

Yes

No



Exit



Back



Covid Symptoms Question Colleague Check In

How Would You Like To Proceed?



New Appointment

**CVS Colleague
Check-In**



Exit

Enter Patient Details...

*Legal First Name

Griffin

*Legal Last Name

Peter

*Date of birth

01/01/1970

*Zip Code

02915

*Gender

Male

Female

Prefer not to answer



Enter Patient Details...

*Address

1 CVS Drive



*City

Woonsocket

*State

RI

*Zip Code

02895

*Phone Number

(203) 555-1212

Is this a mobile number?



Yes



No

*Email Address

pgriffin@yahoo.com



Back



Next

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Exit

***What is the patient's race?**

American Indian
or Alaska Native

Asian

Black or African
American

Hispanic

Native Hawaiian
or Other
Pacific Islander

Other

Patient Refused

Unknown

White or Caucasian



***What is the patient's ethnicity?**

Hispanic or Latino

Not Hispanic
or Latino

Patient Refused

Unknown



***What is the patient's race?**

American Indian
or Alaska Native

Asian

Black or African
American

Hispanic

Native Hawaiian
or Other
Pacific Islander

Other

Patient Refused

Unknown

White or Caucasian



Back



Next

***What is the patient's ethnicity?**

Hispanic or Latino

Not Hispanic
or Latino

Patient Refused

Unknown

Exit

***What is the patient's race?**

American Indian
or Alaska Native

Asian

Black or African
American

Hispanic

Native Hawaiian
or Other
Pacific Islander

Other

Patient Refused

Unknown

White or Caucasian



***What is the patient's ethnicity?**

Hispanic or Latino





















Not Hispanic
or Latino

Patient Refused

Unknown



Why is the patient here today? You can select more than one reason.

- Post Vaccination Side Effects 
- Fever and Cough or Shortness of breath 
- Fever and Cough or Shortness of breath 
- Pneumonia 
- Health Condition Monitoring 
- Illness/Injury 
- Injury 
- Skin Condition 
- Vaccinations (Non-COVID) 
- Wellness, Screening, Monitoring 
- Others 
- Physical 
- DOT Physical 
- Women's Services 
- COVID -19 POCT Testing 
- Sleep Assessment 
- E-CLINIC 
- Chronic: Diabetes, Hypertension, etc. 
- COVID-19 Antibody Testing 
- Mental Health Counseling 

See More Available Services



Exit




Why is the patient here today? You can select more than one reason.


- Post Vaccination Side Effects
- Fever and Cough or Shortness of breath
- Fever and Cough or Shortness of breath
- Pneumonia
- Health Condition Monitoring
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See More Available Services




Post Vaccination Side Effects



Fever and Cough or Shortness of breath


Fever and Cough or Shortness of breath


Pneumonia


Health Condition Monitoring



Illness/Injury


Injury


Skin Condition


Vaccinations (Non-COVID)


Wellness, Screening, Monitoring



Others

Physical 


DOT Physical



Women's Services



COVID-19 POCT Testing


Sleep Assessment


E-CLINIC


Chronic: Diabetes, Hypertension, etc.


COVID-19 Antibody Testing


Mental Health Counseling

See More Available Services



US141658

Finding alternate locations

As a Minute Clinic patient

I want to find alternate locations

so that I can book my appointment at another location if current location doesn't have appointment available or is inconvenient.

US124239

Offer Appointment Availability at Alternate Locations

As a Minute Clinic Patient

I want the Kiosk to offer the option of scheduling an available appointment at a nearby location so that I can be offered better availability based on my service needs.

Store Location: 156 Henry Street, Brooklyn, NY 11201

Today

Thursday

Friday

2

3

4

9:10am

9:20am

9:30am

9:40am

9:50am

11:00am

11:10am

11:20am

11:30am

11:40am

2:10pm

2:30pm

2:55pm

3:15pm

3:35pm

3:45pm

3:55pm

4:05pm

4:15pm

4:35pm

See More Appointment Times At This Location Today...

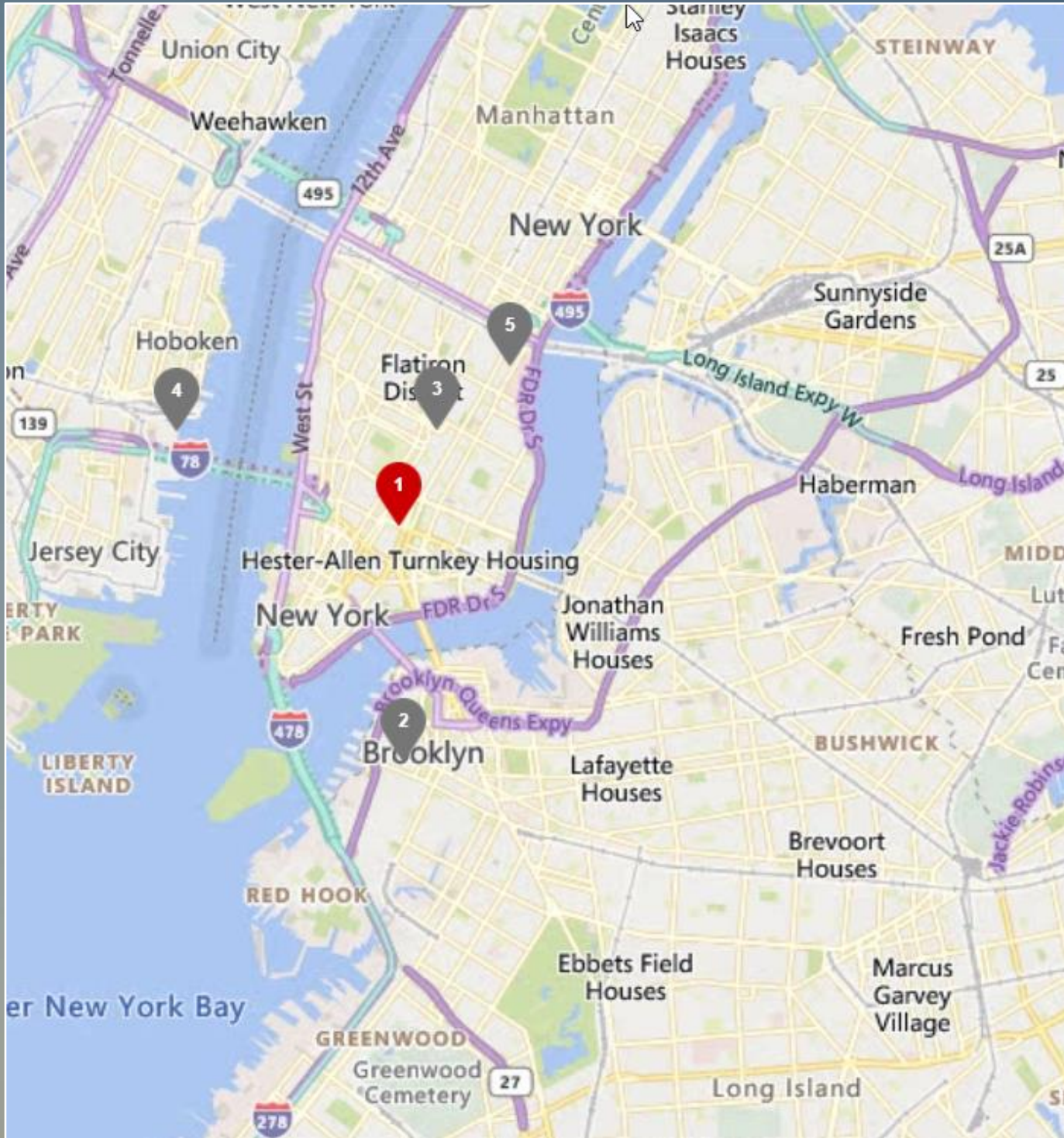


Exit



Don't see the time you need?
Select at another location

Select from the locations available.



1 298 Mulberry Street
New York, NY 10012
Distance: 0.9 Miles

2 156 Henry Street
Brooklyn, NY 11201
Distance: 1.7 Miles

3 298 Mulberry Street
New York, NY 10012
Distance: 2.1 Miles

4 215 Park Avenue South
New York, NY 10003
Distance: 3.2 Miles

5 1619 BROADWAY
NEW YORK, NY 10019

6 34526 BROADWAY
NEW YORK, NY 10019



Store Location: 156 Henry Street, Brooklyn, NY 11201

Today

Thursday

Friday

2

3

4

9:10am

9:20am

9:30am

9:40am

9:50am

11:00am

11:10am

11:20am

11:30am

11:40am

2:10pm

2:30pm

2:55pm

3:15pm

3:35pm

3:45pm

3:55pm

4:05pm

4:15pm

4:35pm

See More Appointment Times At This Location Today...



Exit



Don't see the time you need?
Select at another location



Your Visit Is **Scheduled!**

We've reserved your visit at 10:00am
(We've emailed this information to you as well.)
See you soon!

Done



No Times available at this location