USER MANUAL FOR INDIVIDUAL VACCINATION REQUEST
1. **Overview**

Citizen between 18 to 44 age group having comorbid conditions and person above 18 years who is going abroad is requested to submit vaccination request through this portal. COWIN registration is mandatory for submitting this request. COWIN reference number must be entered in this request. District health authorities shall process the submitted request and on scheduling you will get an SMS regarding vaccination date and venue details.

2. **Comorbidity Certificate**

Comorbidity certificate format can be downloaded from the homepage by clicking the link. This shall be filled and certified by Medical Practitioner. The same shall be uploaded while doing vaccination request.

3. **Login And Verification**

1. Type below URL in any browser in your computer or mobile.
   
   https://covid19.kerala.gov.in/vaccine/

2. Select “INDIVIDUALS”.

3. Login page will be displayed.

4. Enter your mobile number and click “Get OTP”.

5. You will be directed to the OTP verification screen.

6. Enter the OTP received in your mobile.

7. If the OTP is verified correctly, you will then be redirected to the vaccination request form
4. Co-Morbid Request Submission

➢ In the request form, please provide the following information.

1. Select your district.
2. Eligibility Group - Currently the vaccination request is only for persons with any comorbidities in the age group of 18 to 44 years.
3. Dose will be selected a dose-1 which is not editable.
4. Your Name (as in ID Card)
5. Your Gender
6. Your Year of Birth – It shall be such that your age is between 18 years and 44 years.
7. Age Group
8. Select preferred vaccination center → Based on vaccine availability the center might be changed and informed through SMS.
9. Upload Documents: Form Annexure 1(B) - Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination. (To be filled by a registered medical practitioner)
10. Enter your COWIN Reference Number – You must register in COWIN Portal (cowin.gov.in) to apply for vaccination. The COWIN reference number has to be 14 digits.

➢ After filling up the form click SUBMIT button
➢ On successful submission alert will be shown.
5. Going Abroad Dose-1 Request Submission

➢ In the request form, please provide following information.

1. Select district.
2. Select eligibility group as “Going Abroad”.
3. Select required dose as “Dose-1”
4. Enter passport details
5. Enter COWIN details
6. Upload ID proof document
7. Upload Passport document
8. Upload travel document
9. Submit request
6. **Going Abroad Dose-2 Request Submission**

➢ In the request form, please provide following information.
   1. Select district.
   2. Select eligibility group as “Going Abroad”.
   3. Enter COWIN reference number.
   4. Select required dose as “Dose-2”.
   5. 1st dose vaccination date and vaccine name selection.
   6. Enter COWIN details
   7. Enter passport details.
   8. Upload ID proof document
   9. Upload Passport document
   10. Upload travel document
   11. Upload 1st dose certificate.
   12. Submit request.
7. **Request Status**
   - In login page click “Check Your Request Status”.
   - Enter your registered mobile number, registered year of birth, COWIN Registration Number.
     You have to enter any two of these values.
   - If successfully validated, it will show your request status.
8. **Dashboard Statistics**

- New dashboard introduced for public.
- Total request and status wise split up can be viewed in the dashboard.
- Request type wise status count can also be viewed by selecting required type.
9. **Verification Done At Vaccination Center**

- At vaccination center you shall submit the following documents for verification
  1. Comorbidity Certificate
  2. SMS received regarding vaccination scheduling.
  3. ID proof to verify age.
  4. Passport, Visa, Travel document copy for going abroad.
- Based on the verification the vaccinator will administer vaccine.
## 10. List Of Comorbidities

<table>
<thead>
<tr>
<th>SN</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>2.</td>
<td>Hypertension</td>
</tr>
<tr>
<td>3.</td>
<td>All Cardiac Diseases (Congenital/Acute/Chronic)</td>
</tr>
<tr>
<td>4.</td>
<td>All Lung Diseases including Asthma</td>
</tr>
<tr>
<td>5.</td>
<td>All Neurological Conditions</td>
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<tr>
<td>6.</td>
<td>Developmental Disorders</td>
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<td>7.</td>
<td>All Renal Diseases</td>
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<tr>
<td>8.</td>
<td>All Liver Diseases</td>
</tr>
<tr>
<td>9.</td>
<td>Inflammatory Bowel Disease</td>
</tr>
<tr>
<td>10.</td>
<td>Any Cancer or on treatment for cancer</td>
</tr>
<tr>
<td>11.</td>
<td>All Genetic disorders</td>
</tr>
<tr>
<td>12.</td>
<td>Congenital Metabolic Disorders</td>
</tr>
<tr>
<td>13.</td>
<td>Obesity- BMI &gt;30 kg/m²</td>
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<tr>
<td>14.</td>
<td>Endocrine Disorders</td>
</tr>
<tr>
<td>15.</td>
<td>Rheumatological Disorders</td>
</tr>
<tr>
<td>16.</td>
<td>Persons on Immunosuppressive therapy</td>
</tr>
<tr>
<td>17.</td>
<td>Auto Immune Diseases</td>
</tr>
<tr>
<td>18.</td>
<td>Hematological conditions- Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major</td>
</tr>
<tr>
<td>19.</td>
<td>Primary Immunodeficiency Diseases/ HIV infection</td>
</tr>
<tr>
<td>20.</td>
<td>Poly Cystic Ovarian Disease (PCOD)</td>
</tr>
<tr>
<td>21.</td>
<td>Differently abled individuals</td>
</tr>
<tr>
<td>22.</td>
<td>Any organ transplant including Hematopoietic stem cell transplant: Recipient/On wait-list/Donor</td>
</tr>
<tr>
<td>23.</td>
<td>Any other conditions which merits vaccination as per the certifying doctor. Please specify the Condition...</td>
</tr>
</tbody>
</table>