



USER MANUAL FOR VACCINATION REQUEST



1. Overview

Citizen between 18 to 44 age group having comorbid conditions 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 approval 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/>

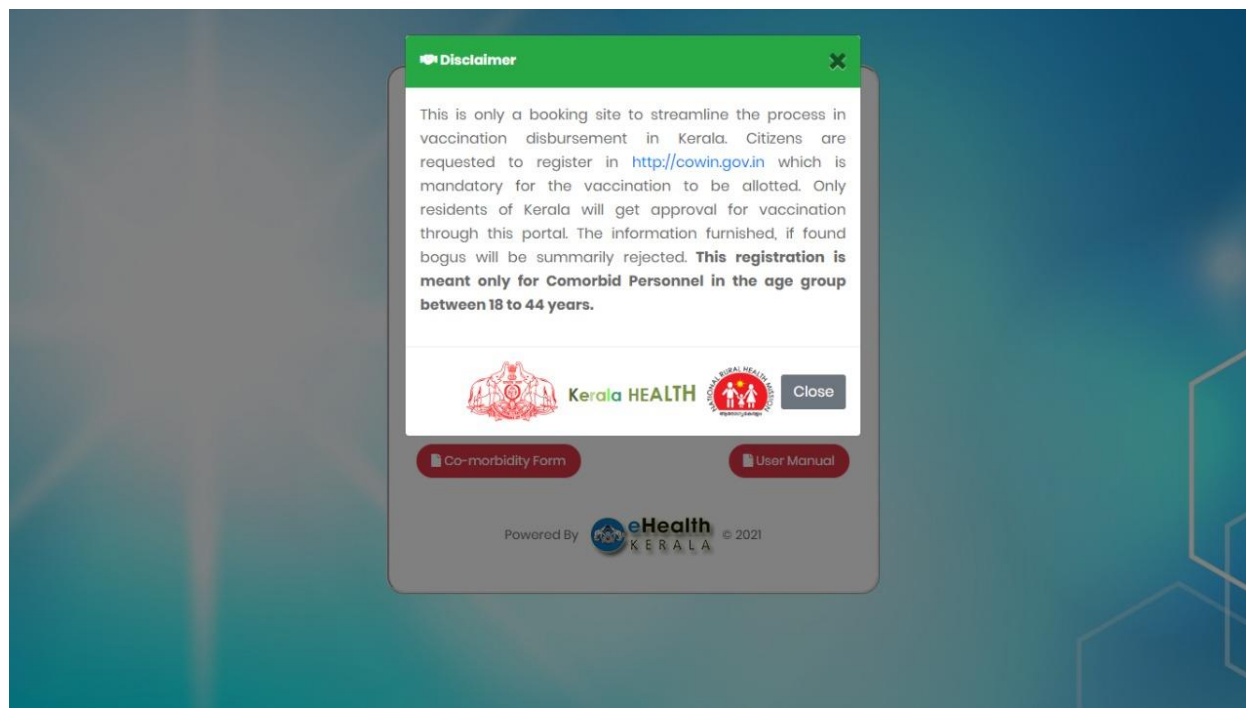
2. Login page will be displayed.

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

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


5. Enter the OTP received in your mobile.

6. If the OTP is verified correctly, you will then be redirected to the vaccination request form





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[Request for Vaccination](#)

Enter Mobile No*

[GET OTP](#)

[Co-morbidity Form](#) [User Manual](#)


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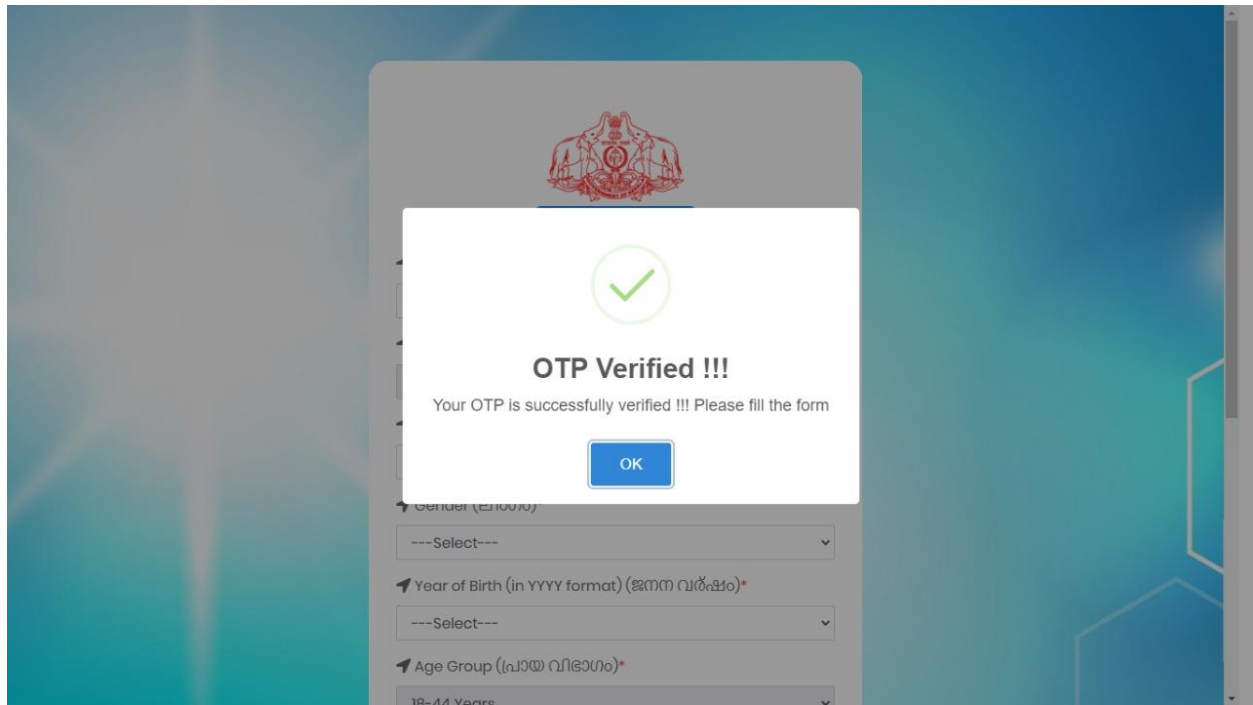


[Request for Vaccination](#)

Enter OTP received *

[VERIFY](#)

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4. Request Submission

- In the request form, please provide following informations.
 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. Your Name (as in ID Card)
 4. Your Gender
 5. Your Year of Birth – It shall be such that your age is between 18 years and 44 years.
 6. Age Group
 7. Select preferred vaccination center → Based on vaccine availability the center might be changed and informed through SMS.
 8. 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)
 9. 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.



↗ District(ജില്ല)*
 ---Select---

↗ Eligibility Group(അ elegibility ഗ്രൂപ്പ് വിഭാഗം)*
 Comorbid Person

↗ Your Name (താങ്കളുടെ പേര്)*
 Your Name

↗ Gender (ലിംഗം)*
 ---Select---

↗ Year of Birth (in YYYY format) (ജനന വർഷം)*
 ---Select---

↗ Age Group (പ്രായ വിഭാഗം)*
 18-44 Years

↗ Preferred Vaccine Center (തിരഞ്ഞെടുത്ത നമ്പലം)*
 ---Select---

↗ Upload Supporting Medical Documents(Less than 1MB)
 (Supported formats: PDF/JPG)(അവകൾ സമർപ്പിക്കുക)*

No file chosen

No file chosen

↗ COWIN Reference Number (കൊവിൻ റഫറൻസ് നമ്പർ)*
 Enter 14 digit COWIN Ref No

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↗ Gender (ലിംഗം)*
 Male

↗ Year of Birth (in YYYY format) (ജനന വർഷം)*
 1994

You have been registered !!!

Based on the availability of vaccine you will soon be intimated regarding your vaccination schedule

↗ COWIN Reference Number (കൊവിൻ റഫറൻസ് നമ്പർ)*
 78787878788


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5. 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.

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[Request for Vaccination](#)

Enter Mobile No*

Mobile No

[GET OTP](#)

[Co-morbidity Form](#) [User Manual](#)

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Home

Overall Registration (All Kerala)

75	22	15	38
Total	Approved	Rejected	Pending

✓ **Check your status**
(At least two details required)

Mobile No

Mobile No

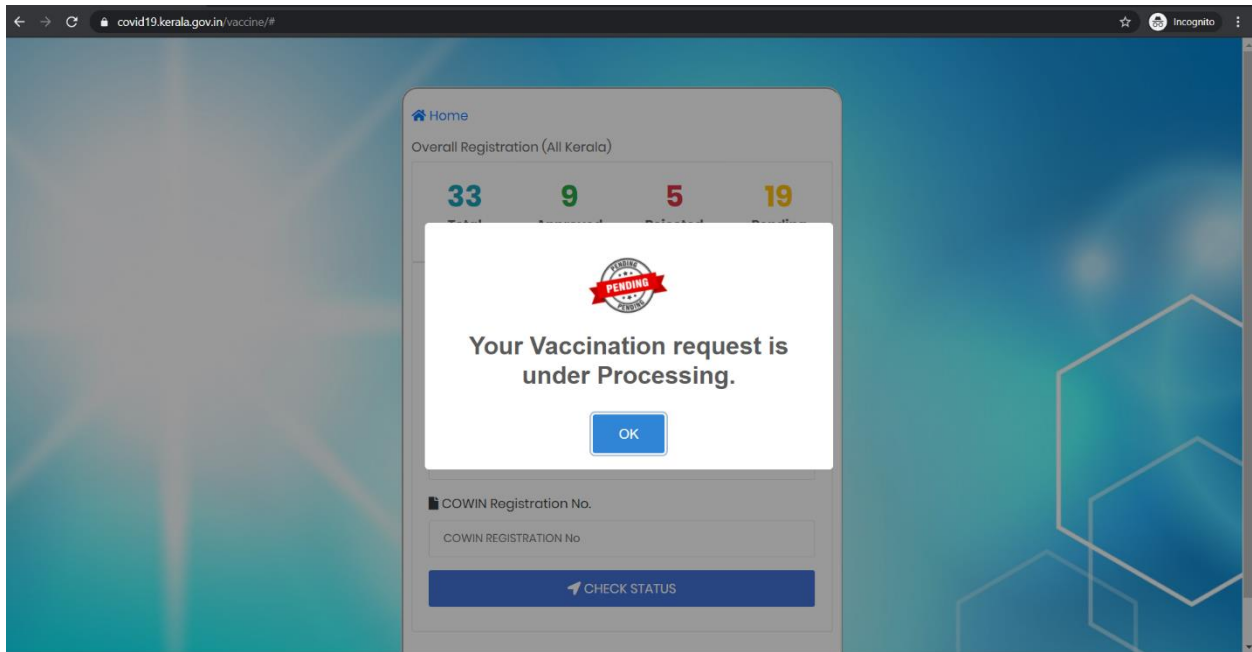
Year Of Birth (in YYYY format)

Year of Birth

COWIN Registration No.

Enter 14 digits COWIN REGISTRATION No

[CHECK STATUS](#)



6. 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.
- Based on the verification the vaccinator will administer vaccine.



7. List Of Comorbidities

SN	Criterion
1.	Heart Failure with hospital admission in past one year
2.	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)
3.	Significant Left ventricular systolic dysfunction (LVEF <40%)
4.	Moderate or Severe Valvular Heart Disease
5.	Congenital heart disease with severe PAH or Idiopathic PAH
6.	Coronary Artery Disease with past CABG/PTCA/MI AND Hypertension/Diabetes on treatment
7.	Angina AND Hypertension/Diabetes on treatment
8.	CT/MRI documented stroke AND Hypertension/Diabetes on treatment
9.	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment
10.	Diabetes (> 10 years or with complications) AND Hypertension on treatment
11.	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list
12.	End Stage Kidney Disease on hemodialysis / CAPD
13.	Current prolonged use of oral corticosteroids/ immunosuppressant medications
14.	Decompensated cirrhosis
15.	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%
16.	Lymphoma/ Leukaemia/ Myeloma
17.	Diagnosis of any solid cancer on or after 1st July 2020 or currently on any cancer therapy
18.	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major
19.	Primary Immunodeficiency Diseases/ HIV infection
20.	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness.