



COVID Vaccine Clinic Registration

Last Name _____ **First Name** _____

Gender (circle): Male
Female

Date of Birth _____ **Last 4 Digits of Social Security Number** _____

Ethnicity (circle): Hispanic/Latino
Not Hispanic or Latino

Race (circle): White
Black or African American
Asian
American Indian or Alaskan Native
Native Hawaiian or other Pacific Islander
Other

Address _____
Street City State Zip Code

Phone Number () _____ - _____
Area Code

Classification (circle one): Healthcare worker, Corrections Officer
65 or older
Education or Childcare workers
Manufacturing, Grocery Store, Public Transit,
Food or Agriculture
Postal Service
High Risk Medical Condition 16-54

Employer _____ **Employee#/Badge** _____

Health Insurance Company _____

Policy/Contract Number _____ **Group Number** _____

Responsible Party (if not self) _____ **DOB** _____

Address _____
Street City State Zip Code

Phone Number () _____ - _____