

POP UP REGISTRATION FORM FOR COVID 19 VACCINE

Please Print Your Responses to the Information Below and Bring the Form with You

Patient Name: _____

Date of Birth (MMDDYYYY): _____ Social Security Number: _____

Telephone Number (where you can be reached for appointment reminder call): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Race: _____ Ethnicity: _____

Circle One: Male or Female or Other Email Address: _____

What to expect once I arrive:

1. If this is your 1st dose, you will receive an immunization card which will be used to show the date and type of COVID vaccine you received
 - a. This card is very important, do not lose it! You will need to bring it back when you come for your 2nd dose.
2. You will sign a consent for treatment (1 page) and receive a packet of information related to your vaccine.
3. **YOU WILL NOT BE BILLED FOR THE VACCINE OR ADMINISTRATION OF THE VACCINE**
4. You will then move to the vaccination line to receive your vaccine
5. After you receive your vaccine you will wait for 15 minutes to ensure you do not have a reaction

We are thrilled to be able to provide the COVID 19 Vaccine to you and want your time with us to run smoothly.