

COVID-19 Vaccination Program

Demographic and Insurance Information

Email address			
Name (Last, First, Middle)	Gender	Date of birth	
Ethnicity	Race		
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Home address (City, State, Zip code)	Home phone	Cell phone	
Emergency contact	Emergency contact number		
Insurance Provider (s)	Group number	Policy/Subscriber number	
Are you the subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of subscriber		
If you have Medicare Advantage, enter #			
This section is for Kaiser Permanente staff only:			
Location			
Please check one below:			
<input type="checkbox"/> Pfizer 1 st dose	<input type="checkbox"/> Moderna 1 st dose	<input type="checkbox"/> J&J (Janssen)	
<input type="checkbox"/> Pfizer 2 nd dose	<input type="checkbox"/> Moderna 2 nd dose		
<input type="checkbox"/> Pfizer 3 rd dose			