



Erie Family Health Centers COVID-19 Vaccination Registration Form

The vaccine will be provided at no cost to you, regardless of your insurance status or immigration status.

Before you leave your first dose appointment, an appointment will be scheduled for you to receive your second dose, 28 days later.

Visit erie.health/vaccine for information about the vaccine, how it works, its safety, and possible side effects.

Patient Information

First Name _____ Middle Name _____ Last Name _____

Date of Birth: _____ Sex Assigned at Birth: Female Male
MM / DD / YYYY

Email Address: _____

Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Home Address Line 1: _____

Home Address Line 2: _____

City _____ State _____ Zip Code _____

Preferred Language: English Spanish Other _____

Emergency Contact Name: _____ Emergency Phone # _____ - _____ - _____

Benefits/Insurance Information. We will bill insurance for the administration of the vaccine when insurance is available.

Reminder–You do not need to have insurance to receive the COVID-19 vaccine. The vaccine will be provided at no cost to you.

Do you currently have health insurance? Yes No

Check one: All Kids/Medicaid Medicare Commercial Insurance

Insurer: Policy/Group _____ Policy Number _____

We ask the following optional questions to better understand the people and community we serve:

Race (check all races that apply):

- American Indian/Alaska Native (Including American Indians or Alaska Natives of Latino/Hispanic descent) Asian
 Black or African American (Including Black or African American of Latino/Hispanic descent) Native Hawaiian
 Other Pacific Islander White (Including Whites of Latino/Hispanic descent)
 Other _____ Prefer not to answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Other _____
 Undetermined Prefer not to answer

Gender Identity: Female Male Trans Female (Male-to-Female) Trans Male (Female-to-Male)
 Something Else _____ Choose not to answer

Sexual Orientation: Straight Lesbian Gay Bisexual Queer Something Else _____
 Choose not to answer

Would you like information on how to become a patient at Erie Family Health Centers? Yes No