

**NORTHEAST ALABAMA REGIONAL MEDICAL CENTER
COVID-19 VACCINE DATA SHEET**

Patient Information (Please Print Clearly):

Last Name: _____ First Name: _____

Maiden Name: _____ Driver's License Number: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ (Cell phone if available)

Ethnicity: ___ Hispanic ___ Non-Hispanic

Race: ___ White ___ African American ___ Asian ___ American Indian ___ Other

Vaccine Information:

Is this your first or second dose? _____ First Dose _____ Second Dose

Did you receive your first dose through RMC? _____ Yes _____ No

Risk for Exposure:

Employer: _____ Occupation: _____

Category for Eligibility- Please mark which category you fall into

- | | |
|--|--|
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> 75 and Older |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> Corrections Officer | <input type="checkbox"/> Judiciary Worker |
| <input type="checkbox"/> Food and Agriculture Worker | <input type="checkbox"/> Public Transit Worker |
| <input type="checkbox"/> U.S. Postal Service Worker | <input type="checkbox"/> Grocery Store Worker |
| <input type="checkbox"/> Manufacturing Worker | <input type="checkbox"/> Mortuary Worker |
| <input type="checkbox"/> Education Worker | <input type="checkbox"/> Childcare Worker |
| <input type="checkbox"/> 16-64 with Comorbidities | <input type="checkbox"/> None of the Above |