

# GRAND ITASCA CLINIC & HOSPITAL COVID-19 VACCINATION CLINIC

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ CIRCLE ONE: PFIZER JANSSEN (JOHNSON & JOHNSON)

## PATIENT INFORMATION

NAME:	DOB:	SEX:
SOCIAL SECURITY #:		
ADDRESS:		
HOME PHONE:	MOBILE:	OTHER:
EMPLOYER:	EMPLOYMENT STATUS (full or part time):	
EMPLOYER ADDRESS:	EMPLOYER PHONE:	
EMERGENCY CONTACT:		
PHONE:	RELATIONSHIP:	

### RACE ETHNICITY (check one or more):

HISPANIC/LATINO     AMERICAN INDIAN/ALASKAN NATIVE     WHITE     AFRICAN AMERICAN  
 ASIAN     NATIVE HAWAII/OTHER PACIFIC ISLANDER     MIDDLE EASTERN     CHOOSE NOT TO ANSWER

**COUNTRY OF ORIGIN** (country you were born in): \_\_\_\_\_

- I am currently a patient at Grand Itasca Clinic and Hospital
- I am not a patient at Grand Itasca Clinic and Hospital

## GUARANTOR INFORMATION

(Under 18, need legal guardian or parent info)

(If age 18 or older, skip and go to Insurance Information)

NAME:	DOB:	RELATIONSHIP:
ADDRESS:	PHONE:	
EMPLOYER:	EMPLOYER PHONE:	
EMPLOYER ADDRESS:		

- I do not have insurance \*
- I do have insurance\* (if yes, fill out insurance information on the back page)

