Penn Highlands Healthcare

Which Dose?

☐ 1st Dose ☐ 2nd Dose

☐ 3rd Dose ☐ Booster

VACCINE REGISTRATION

DATE OF VACCINE: _____

PATIENT LEGAL NAME: _____

DATE OF BIRTH: _____

FULL ADDRESS: Street_____

City_____ State/Zip_____

TELEPHONE #: _____

LEGAL IDENTIFIED SEX:_____ SOCIAL SECURITY #:_____

ETHNICITY (CHOOSE ONE): ☐ Hispanic ☐ Non-Hispanic ☐ Unknown ☐ Prefer not to answer

Race: ☐ Aleut ☐ Arabian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Eskimo
☐ Filipino ☐ Guamian ☐ Hawaiian ☐ Indian ☐ Japanese ☐ Korean ☐ Laotian
☐ Other Asian or Pacific Islander ☐ Samoan ☐ Thailander ☐ Vietnamese ☐ White
☐ Other: _____ ☐ Prefer not to answer

PCP or PERSONAL PHYSICIAN:_____

PLEASE BRING YOUR PHOTO ID AND INSURANCE CARDS.
HAVE YOUR CARDS READY FOR REGISTRATION
STAFF TO COPY.
IF YOU HAVE MEDICARE OR MEDICARE ADVANTAGE PLAN,
YOU NEED TO BRING YOUR RED, WHITE, AND BLUE,
PAPER MEDICARE CARD.