

OUR LADY OF PERPETUAL HELP COVID-19 VACCINE ASSISTANCE INTAKE FORM

Today's Date: _____

Name: _____

Address: _____

Date of Birth: ____/____/____

Phone Number: (CELL) _____

(LANDLINE) _____

Do you receive/send Text Messages? (Y/N) _____

Email Address: _____

Medicare Number: _____

Can you be ready to go for the vaccine on short notice (Y/N): _____

Restrictions for:

- Getting into a vehicle (Y/N): _____
- Riding for a moderate time/distance (Y/N): _____
- Walking short distance (Y?N): _____
- Need wheelchair (Y/N): _____
- Time of Day to receive the Vaccine (Y/N): _____

Specify needs _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

RELATIONSHIP: _____