



The Pennsylvania Department of Health is requiring our Pharmacy to gather the following information in order to administer the COVID-19 vaccine.

Name: _____

Address: _____

Date of Birth: _____ Sex: _____ Phone #: _____

Medication Allergies: _____

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Race:

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White

Other race