



OKLAHOMA
State Department
of Health



COVID-19 Vaccination Appointment

This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety.

12%

Are you a Long Term Care worker or resident, who is not served by the federal LTC Pharmacy Partnership Program?

No Yes

Are you a health care worker providing direct inpatient COVID care?

No Yes

Are you a public health worker conducting front line COVID-19 pandemic mitigation and control activities?

No Yes

Are you an Oklahoma, state licensed, Emergency Medical Technician or Paramedic?

No Yes



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25%

Are you a first responder, either paid or volunteer?

No Yes

Are you a health care worker providing direct, COVID outpatient care or a funeral home worker handling deceased COVID patients?

No Yes

Are you an adult age 65 and older?

No Yes

Are you an adult of any age with comorbidities?

No Yes

Are you a teacher or other worker in Pre-K-12 schools or educational settings?

No Yes

Are you a worker or resident in a congregate location or worksite such as a homeless shelter, non-federal prisons/jails, manufacturing facilities critical to the maintenance of the food supply, or public transit systems?

No Yes

Are you a public health worker supporting front line efforts; or a senior state, county, or city government leader or elected official?

No Yes



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37%

Are you a teacher, or a student age 16 and older, or a resident or administrative staff in an educational setting such as pre-K-12 schools, child care facilities, early childhood facilities, colleges, universities, career/vocational technology centers, or other post-secondary institution?

No Yes

Are you a critical infrastructure worker in an "essential business/industry" as specified in the Governor's 3rd executive order, and found at <https://www.okcommerce.gov/oklahoma-essential-industries-identified/>?

No Yes

Are you an Oklahoma resident, age 16 and older? *



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50%

Are you allergic to eggs?

No Yes

Have you had any severe reaction to a vaccine before?

No Yes

Have you been administered any vaccination in the last 14 days?

No Yes

Are you pregnant or breastfeeding? *

Do you have any of the following medical conditions? Please check all that apply

- Asthma
- Cancers
- Chronic Lung Disease
- Diabetes
- Chronic Kidney Disease
- Heart Disease
- High Blood Pressure (Hypertension)
- Chronic Liver Disease
- Suppressed Immune System
- Obesity



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62%

Have you recently tested positive for COVID-19 and are you currently under isolation?

No Yes

Has a physician or medical provider indicated NOT to receive this vaccine?

No Yes

Will this be your first COVID-19 vaccine dose? *

No Yes



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75%

Resident Information Collection

First Name *

Middle Name

Last Name *

Phone Number *

Email Address *

Confirm Email Address *

Sex *

Please describe your ethnicity *

Race *

If other race, please specify

Address (search for and select or manually enter your address) *

Apartment, Suite, Unit Number

Address Line 1 *

City *

State/Province *

Postal Code *

Source of Insurance

Insurance

Name of Insurance

Group Number

ID Number



88%

COVID-19 vaccinations will be made available in phases to ensure those populations most at risk are prioritized. You are eligible for a later phase of vaccination distribution. If you choose, we can keep your registration on file and notify you through email when you are eligible to book your vaccination.

I would like to be notified when my vaccination phase begins to roll out.

If you choose to not be notified when vaccinations become available for your phase of distribution, you will have to re-register at a later date.

No, do not notify me Yes, please notify me