GRAND ITASCA CLINIC & HOSPITAL COVID-19 VACCINATION CLINIC

DATE:	TIME: 0	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 or HISPANIC/LATINO	ne or more): _AMERICAN INDIAN/ALASKAN	NATIVE	WHITE	AFRICAN AMERICAN		
ASIANNATIVE	HAWAII/OTHER PACIFIC ISLA	NDER M	MIDDLE EAS	STERNCHOOSE NOT TO ANSWER		
COUNTRY OF ORIGIN (cou	ntry 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 INFORMATIO (Under 18, need legal gua (If age 18 or older, skip an		n)				
NAME:	DOB:		RELA	TIONSHIP:		
ADDRESS:			PHONE:			
EMPLOYER:			EMPLOYER	PHONE:		
EMPLOYER ADDRESS:						
I do not have insu	rance *					

I do have insurance* (if yes, fill out insurance information on the back page)

PRIMARY INSURANCE COVERAGE

NAME OF INSURANCE:							
THE INSURANCE IS COVERED THROUGH:	_Current EmploymentMedica	Il AssistanceRetirement _	_COBRA				
POLICY ID #:	GROUP/ACCOUNT #:						
SUBSCRIBER NAME:	SOCIAL SECURITY #:	DOB:	SEX:				
SUBSCRIBER INFORMATION: (If same as patient or guarantor, skip)							
ADDRESS:	PHONE:						
EMPLOYER:	PLOYER: EMPLOYMENT STATUS (full or part time):						
EMPLOYER ADDRESS:	EMPLOYER PHO	ONE:					

SECONDARY INSURANCE COVERAGE								
NAME OF INSURANCE:								
THE INSURANCE IS COVERED THROUGH:Cu	rrent Employmen	tMedical Assistance	Retirement	_COBRA				
POLICY ID #:	GROUP/ACCOU	NT #:						
SUBSCRIBER NAME:	SOCIAL SECURIT	ſY #:	DOB:	SEX:				
SUBSCRIBER INFORMATION: (If same as patient or guarantor, skip)								
ADDRESS:	PI	HONE:						
EMPLOYER:	E	MPLOYMENT STATUS (ful	l or part time):					
EMPLOYER ADDRESS:	E	MPLOYER PHONE:						

* Grand Itasca Clinic and Hospital is not charging for the COVID-19 vaccine itself. If you have insurance, we will bill insurance for administering the vaccine only. If you do not have insurance, you are still eligible for the vaccine. In keeping with Federal guidelines, there will not be any out-of-pocket costs to anyone receiving the COVID-19 Vaccine. Please complete this registration form so that your vaccine can be reported to the state.