

COVID-19 Vaccine Questionnaire For Uninsured Patients

COVID-19 vaccines are 100% free to all individuals in the U.S. Only insurance or the federal government can be billed for vaccine administration fees, not patients. Please note that you will not be billed for this vaccine or for the administration of this vaccine.

We are participating in the HRSA COVID-19 Uninsured Program, and we are required to request information to help verify your uninsured status-including Social Security Number and, if unavailable, a driver's license/state ID number-this information is not required for an individual to get vaccinated. Therefore, we are requesting for you to provide us with the following information:

 Last Name First Name MI Date of Birth

 Address City State ZIP

Telephone # _____ Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or other Pacific Islander Other

_____ or _____
 Social Security Number Driver's License/State ID Number

Please answer the following:

- | | | |
|--|-----|----|
| 1 Do you feel sick today? | Yes | No |
| 2 Do you have a history of severe allergic reactions? | Yes | No |
| If yes, please list _____ | | |
| 3 Have you ever had a reaction after receiving an immunization, including fainting or feeling dizzy? | Yes | No |
| 4 For Women: Are you pregnant or considering becoming pregnant in the next month? | Yes | No |

- ★ I have received and reviewed a copy of the emergency use authorization for this vaccine and accept all risk associated with the administration of this vaccine.
- ★ I certify that I do not have any health insurance through an employer, individual coverage or a state or federal program.

Signature of guardian or person receiving vaccine	Date
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The Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program is a voluntary federal program that reimburses providers for vaccine administration fees associated with uninsured individuals, as well as COVID-19 related testing and treatment for insured individuals, regardless of their immigration status.

- Everyone can receive COVID-19 services, regardless of immigration status
- The information will be used for reimbursement purposes only
- The information will not be shared with immigration authorities
- No one will be turned away if they don't provide this information
- Testing, treatment or vaccinations paid for by the federal government will not impact anyone's current or future immigration status
- Providers should tell uninsured patients that they will not be billed for COVID-19

Vaccine Administrator will complete this section Manufacturer: Pfizer Lot #/Exp:		
Injection Site: Right Left Deltoid		
Administered By: _____	Date: _____	
Medical Record # : _____	<input type="checkbox"/> JAJ	<input type="checkbox"/> JM <input type="checkbox"/> NLT

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Note: If you have Medicare or a Medicare replacement policy (Part C), we need the Part B (original Medicare number). If you do not have this number, please provide your social security number.

Name of Insurance: _____ Policy Number: _____

Insurance Address: _____

Social Security #: _____ (Please provide if Medicare # not known)

Please answer the following:

- | | | |
|--|-----|----|
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Signature of guardian or person receiving vaccine

Date

Vaccine Administrator will complete this section

Manufacturer: Pfizer

Lot #/Expiration:

Injection Site: Right Left Deltoid

Administered By: _____ Date: _____

Medical Record #: _____ JAJ ___ JM ___ NLT