



Are you a CommuniCare Health Centers Patient? YES NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

Address \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Ethnicity (Circle One): Hispanic Non-Hispanic

Patient Race (Circle One): Asian Native Hawaiian Other Pacific Islander Black / African American  
American Indian / Alaska Native White More than One Race Declined

**Social Determinant Questions:**

Homeless Status (Circle One): Doubling Up Not Homeless Shelter Street Transitional

Migrant Worker Status (Circle One): Migrant Not a Farmworker Seasonal

Language Barrier (Circle One): Yes No

Public Housing (Circle One): Yes No

LANG/VIS: ENGLISH / SPANISH

**COVID-19 Vaccine – CLINIC USE ONLY!**

**GIVE TODAY:**

Manufacturer (Circle One): MODERNA JANSSEN

Lot # \_\_\_\_\_

Exp: \_\_\_\_\_

Site: \_\_\_\_\_

**1<sup>st</sup> Dose Administered by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**2<sup>nd</sup> Dose (if applicable) Administered by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_