



Naugatuck Valley Health District  
COVID-19 VACCINATION CLINIC

**REGISTRATION & ATTESTATION FORM**  
**Pfizer-BioNTech BOOSTER COVID-19 VACCINE**

**Based off the CDC's current recommendation, individuals eligible for a Pfizer booster dose currently includes those who:**

- People aged 65 years and older and adults 50–64 years with underlying \*medical conditions **should** get a booster shot of Pfizer-BioNTech vaccine.
- People aged 18–49 years with underlying medical conditions **may** get a booster shot of Pfizer-BioNTech vaccine based on their individual benefits and risks.
- People aged 18–64 years at increased risk for COVID-19 exposure and transmission because of \*occupational or institutional setting **may** get a booster shot of Pfizer-BioNTech vaccine based on their individual benefits and risks.
- Residents aged 18 years and older of long-term care settings **should** get a booster shot of Pfizer-BioNTech vaccine.

**\*Please see our colored posters at registration station with the current list of medical conditions and occupations set by the CDC\***

**Patient Information:**

Last Name		First Name		M.I.
Street Address			Town	State Zip Code
Phone #	Date of Birth (MM/DD/YYYY)	Age	Gender (circle one) Male    Female	Email

**Insurance:**

Circle one:    Medicare    Aetna    Anthem    Cigna    Connecticare    United Healthcare

**Insurance ID #:** \_\_\_\_\_

Is patient primary cardholder:    Yes    No    If no, please write primary cardholders full name, DOB, and address:

\_\_\_\_\_

\_\_\_\_\_

Vaccine	Lot Sticker	Date	Staff Initial
Pfizer/Comirnaty Booster Dose			

I declare that I meet the above criteria set by the CDC and that I am eligible to receive COVID-19 vaccine in the State of Connecticut as defined by the State of Connecticut outlined online at: <https://portal.ct.gov/vaccine-portal>. I have read, or had explained to me, the information sheet about COVID-19 vaccinations and NVHD's privacy policy. I have had a chance to ask questions which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I authorize the release of any medical or other information necessary to process all insurance claims.

As required by law and to protect your health, your vaccine provider or doctor will share immunization information (i.e., "shots" or "vaccines") with the State of Connecticut Department of Public Health (DPH). DPH will store your shots in its immunization system called CT WiZ. CT WiZ helps make sure you get the shots needed to protect you against vaccine preventable diseases. If your shot record is lost or not available, DPH can share it with you and your doctor. You can choose to exclude your shot information from CT WiZ by sending a signed written request to the DPH Immunization Program. Immunization systems help prevent and control disease. All information is kept confidential as required by law.

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

**Date:** \_\_\_\_\_

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**COMPLETE BY VACINATOR:**

(Please circle) Vaccination Site:    Left   /   Right    Deltoid

Time of Vaccination: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Name of Vaccinator: \_\_\_\_\_