



Naugatuck Valley Health District
COVID-19 VACCINATION CLINIC

REGISTRATION & ATTESTATION FORM
BOOSTER COVID-19 VACCINE

If you received Pfizer-BioNTech or Moderna, you are eligible if it has been 6 months after your second shot and you are 18 years or older.

If you received Johnson & Johnson Janssen, you are eligible if it has been 2 months after your shot and you are 18 years or older.

Eligible for: Any of the COVID-19 vaccines authorized in the U.S.

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NVHD may not carry all approved COVID-19 vaccines at every clinic, please double check the availability before your appointment

Patient Information:

Form with fields for Last Name, First Name, M.I., Street Address, Town, State, Zip Code, Phone #, Date of Birth, Age, Gender, and 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:

Blank lines for providing primary cardholder information.

Table with 5 columns: Vaccine, Lot Sticker, Date, CT WiZ Verified, Staff Initial.

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.

As required by law and to protect your health, your doctor will share immunization information (i.e., "shots" or "vaccines") with the State of Connecticut Department of Public Health (DPH).

Signature: _____

Date: _____

COMPLETE BY VACINATOR:

(Please circle) Vaccination Site: Left / Right Deltoid

Time of Vaccination: _____ : _____ AM / PM

Name of Vaccinator: _____

COMPLETE BY STAFF: