

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.

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

	ved COVID-19 vaccines at every ci	linic, ple	ase double check	the availability	, before y	our appointment*	
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	•			
Insurance:			Water Female				
Circle one: Medicare A	Aetna Anthem Cigna	Conn	ecticare Unite	d Healthcar	e		
Insurance ID #:				_			
Is patient primary cardholder	: Yes No If no, plea	se write	e primary cardho	olders full nar	me, DOB	, and address:	
Vaccine	Lot Sticker		Date	CT Wi7 Ve	rified	Staff Initial	
Vaccine	Lot Sticker		Date	CT WiZ Ve	rified	Staff Initial	
Vaccine	Lot Sticker		Date	CT WiZ Ve	rified	Staff Initial	
Vaccine	Lot Sticker		Date	CT WiZ Ve	rified	Staff Initial	
I declare that I meet the above crite	ria set by the CDC and that I am eligik			ine in the State	of Connec	ticut as defined by the	
I declare that I meet the above crite State of Connecticut outlined online 19 vaccinations and NVHD's privacy	ria set by the CDC and that I am eligit at: https://portal.ct.gov/vaccine-port policy. I have had a chance to ask ques	<u>tal</u> . I have stions wh	eive COVID-19 vacc read, or had expla ich were answered	ine in the State ined to me, the to my satisfactio	of Connectinformation, and I un		
I declare that I meet the above crite State of Connecticut outlined online 19 vaccinations and NVHD's privacy and risks of the vaccination as descr	ria set by the CDC and that I am eligible at: https://portal.ct.gov/vaccine-portpolicy. I have had a chance to ask questibed. I authorize the release of any me	tal. I have stions wh edical or	eive COVID-19 vacci read, or had expla ich were answered other information n	ine in the State ined to me, the to my satisfactic ecessary to produce	of Connectinformatic on, and I uncess all ins	ticut as defined by the on sheet about COVID-nderstand the benefits urance claims.	
I declare that I meet the above crite State of Connecticut outlined online 19 vaccinations and NVHD's privacy and risks of the vaccination as descr. As required by law and to protect you Department of Public Health (DPH), needed to protect you against vaccin can choose to exclude your shot info	ria set by the CDC and that I am eligit at: https://portal.ct.gov/vaccine-port policy. I have had a chance to ask ques	tal. I have stions wh edical or inization i nunization record is I ned writte	eive COVID-19 vacci read, or had explaich were answered other information n information (i.e., "sh in system called CT vost or not available in request to the DP	ine in the State ined to me, the to my satisfactic ecessary to prod nots" or "vaccine WiZ. CT WiZ he , DPH can share	of Connectinformatic on, and I uncess all instead of the control o	ticut as defined by the on sheet about COVID- nderstand the benefits urance claims. The State of Connecticut sure you get the shots unand your doctor. You	
I declare that I meet the above crite State of Connecticut outlined online 19 vaccinations and NVHD's privacy and risks of the vaccination as descr. As required by law and to protect you Department of Public Health (DPH), needed to protect you against vaccin can choose to exclude your shot info	ria set by the CDC and that I am eligible at: https://portal.ct.gov/vaccine-portpolicy. I have had a chance to ask quesibed. I authorize the release of any means are in the alth, your doctor will share immus. DPH will store your shots in its imme preventable diseases. If your shot remation from CT WiZ by sending a sign	tal. I have stions wh edical or inization i nunization record is I ned writte	eive COVID-19 vacci read, or had explaich were answered other information n information (i.e., "sh in system called CT vost or not available in request to the DP	ine in the State ined to me, the to my satisfactic ecessary to prod nots" or "vaccine WiZ. CT WiZ he , DPH can share	of Connectinformatic on, and I uncess all instead of the control o	ticut as defined by the on sheet about COVID- nderstand the benefits urance claims. The State of Connecticut sure you get the shots unand your doctor. You	

COMPLETE BY VACINATOR:
(Please circle) Vaccination Site: Left / Right Deltoid
Time of Vaccination:: AM / PM
Name of Vaccinator:
COMPLETE BY STAFF: