

Pre-Registration

If you are interested in receiving the COVID-19 Vaccine, please fill out the following information. You will be contacted to schedule an appointment. You will also receive information regarding the vaccine and documentation to fill out prior to your appointment.

Name: _____
Phone Number: _____
Email: _____
Department/Unit: _____
Job Title: _____

Were you previously diagnosed with COVID-19? YES NO

*Please return this form to your manager.

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