



The clinic is open to the public, but attendees should call 330-841-9999 Monday through Friday between the hours of 9 a.m. and 2 p.m. to secure an appointment before the day of the clinic.

Please print clearly

First Name: _____ Last Name: _____

Date of Birth: _____ AGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Gender:

- Male
- Female

Race:

- White
- African American
- American Indian

- Hispanic
- Asian
- Other

- | | | |
|----------------------------------------------------------------------|----|-----|
| 1. Are you Sick Today? (Fever, Congestion, etc.) | NO | YES |
| 2. Have you been diagnosed with Covid-19 in the past 30 days | NO | YES |
| 3. Are you Pregnant or Breastfeeding? | NO | YES |
| 4. Have you ever had an allergic reaction to an immunization? | NO | YES |
| 5. Do you have a history of Anaphylaxis? (Severe Allergic reactions) | NO | YES |

IF YES PLEASE EXPLAIN: _____

I have received a copy and have read or had read to me the information contained in the appropriate Vaccine Information Statement(s) or EUA in my primary language about the disease(s) and vaccine(s) checked above. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) indicated on this record be given to me or the person named above for whom I am authorized to make this request. I also grant permission for this record to be released to medical providers, health departments, schools, daycare centers, community and state immunization registry databases, if deemed medically necessary by Steward Health Care System.

Patient/Parent/Guardian Signature _____ Date _____

Clinic Use Only:	FIRST	SECOND
Clinic Name: Trumbull Regional Medical Center	Vaccine Manuf.: _____	
Address: 1350 East Market St. Warren, Ohio 44483	Exp. date: _____	
Date Administered: _____	Time: _____	Lot No#: _____
Injection Site: LA RA	Administered by: _____	

Population/Occupation Data Checklist for COVID-19 Vaccine Recipients

Purpose: This checklist will be used to collect population and occupation information for COVID-19 vaccine recipients.

INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please **check only one box** in the section below. Please select the **primary reason** you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION

Phase 1A

- Assisted Living Facility – Resident
- Assisted Living Facility – Staff
- Skilled Nursing Facility (RCF) – Resident
- Skilled Nursing Facility (RCF) – Staff
- State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- State of Ohio Veterans Home – Resident
- State of Ohio Veterans Home – Staff
- State of Ohio Mental Health/Addiction Services (MHAS) – Resident
- State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- Congregate Care Facility – Resident
- Congregate Care Facility – Staff
- Hospital worker – Clinical Staff
- Hospital worker – Administrative Staff
- Hospital worker – Ancillary Staff
- Non-Hospital healthcare worker – Administrative Staff

Phase 1A (Continued)

- Non-Hospital healthcare worker – Ancillary Staff
- Non-Hospital healthcare worker – Clinical Staff
- Emergency Medical Services (EMTs/Paramedics)

Phase 1B

- Individuals over 80 years of age
- Individuals age 75 to 79 years of age
- Individuals age 70 to 74 years of age
- Individuals age 65 to 69 years of age
- Individuals with Congenital Disorders or Early Onset Conditions with IDD
- Individuals working in K-12 schools
- Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD

Phase 1C

- Diabetes Type 1
- Pregnant
- Bone Marrow Transplant Recipients
- ALS
- Childcare Services Worker
- Funeral Services Worker
- Law Enforcement, Corrections, Firefighter

Phase 1D

- Diabetes Type 2
- End Stage Renal Disease

Phase 1E

- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Heart Disease
- Obesity

Phase 2A

- Individuals age 60 to 64 years of age

Phase 2B

- Individuals age 50 to 59 years of age

Phase 2C

- Individuals age 40 to 49 years of age

Phase 2D

- Individuals age 16 to 39 years of age