Section C: Clinical History

Bleeding Disorder or Blood thinners	O Yes	O N			
Recent vaccination in the last 2 weeks	0.03	O No	O Don't Kr	now	March 1990
Have you sweet and the last 2 weeks	O Yes				
Have you ever had an allergic reaction to a		O No	i		
If you do	O Yes	O No	O Don't K	now	
If yes, describe the reaction			0		
Are you currently pregnant or breastfeeding?	-			1, -	
Have	○ Yes	O No	O Don't Knó	ńw	•
Have you ever had a positive COVID test?			Obdition	WO	100
test f	O Yes	O No	-		
	If Yes: Date	of test	,		
For office a					_ (dd/mm/y
For official use only					estary.
Olneligible 6			,		
O Ineligible for vaccination (tick all that appl	iocl			-	
Recent Vaccine	iesj				
Pregnant or breastfeeding					
Allergic reaction					
Other /-	-				13 (10)D
Other (please state)					
O Fit at a					
Eligible for vaccination Observation: Was the observation period unever	ntful? () Yes	O Mar			
Eligible for vaccination Observation: Was the observation period unever Comments:	ntful? O Yes	○ No			
Observation: Was the observation period unever	ntful? O Yes	○ No			Sorperson Statement of the second sec
Observation: Was the observation period unever	ntful? O Yes	○ No			Software Softwa
Observation: Was the observation period unever Comments:	ntful? O Yes	○ No			incorporation of the second of
Observation: Was the observation period unever Comments:		and the second			incorporation of the second of
Observation: Was the observation period unever Comments:	Signatu	re	Da		Topos
Observation: Was the observation period unever Comments:	Signatu	re	Da		mm/yy
Observation: Was the observation period unever Comments:	Signatu	re			-
Observation: Was the observation period unever Comments:	Signatu	re	Da		mm/yy
Observation: Was the observation period unever Comments:	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse cility and of vaccine	Signatu	re		dd/	mm/yy
Observation: Was the observation period unever Comments: Octor/Nurse cility and of vaccine	Signatu	re		dd/	mm/yy

COVID 19 VACCINATION REGISTRATION FORM

(For onsite registration)

Section A. Demographics

photographic and the second					
Name	The second secon		T		
First and Last in t	hat order				
Age Date of Birth				And the second s	manufacture of the second seco
Date or Sirth			Day	Month	Year
Sex			O Male	○ Femal	
Residential Add	race			O remai	8
	1033.		2012		
Include Par	ish of Residence				
Telephone numb	oer nesidence		(876) -		
			(0/0)-	olique facilités son l'acce	
Email address			1		1
Please ensure th	at this is correct and f	unctional			
identification			Type:		
(Drivers Licence	OR		1 1/00.		
Voters ID OR			Number:	•	
Passport					
Comorbidities		0			
			O Yes	O No O Do	on't Know
Name of Next of	Name of Next of Kin or emergency contact				
Telephone Numb	er of next of kin or en	nergency	876-	Adaptive to the second	
contact			870-		
Section B: Prior	ity Group Description	on	<u> </u>		
(Tick one)			* :		
HCW					
	JCF	JDF		JFB	Elderly (60 and over)
Health Dept/ MOHW	DCS	PICA		Children Homes	Parliamentarians
Infirmary	Nursing Homes	Teache	r .:	Penal Institution	Senators Councilors Other:
Place of Work					other.
riace of Work					
Address			-		
Telephone Numbe	r				
				*	
Branch (if applicab	le)				
ob Title					
f a health care wor	rker:	·····	1		
ector			O Public		
			O Public	O Private C) Retired