

Section C: Clinical History

Bleeding Disorder or Blood thinners	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Recent vaccination in the last 2 weeks	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Have you ever had an allergic reaction to a vaccine	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
If yes, describe the reaction			
Are you currently pregnant or breastfeeding?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
Have you ever had a positive COVID test ?	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes: Date of test ____/____/____ (dd/mm/yy)			

For official use only

☐ Ineligible for vaccination (tick all that applies)

Recent Vaccine	
Pregnant or breastfeeding	
Allergic reaction	
Other (please state)	

☐ Eligible for vaccination

Observation: Was the observation period uneventful? ☐ Yes ☐ No

Comments: _____

Doctor/Nurse _____

Signature _____

Date _____

dd/mm/yy

Facility

Brand of vaccine

COVID 19 VACCINATION REGISTRATION FORM

(For onsite registration)

Section A. Demographics

Name First and Last in that order			
Age			
Date of Birth	Day	Month	Year
Sex	<input type="radio"/> Male <input type="radio"/> Female		
Residential Address			
Include Parish of Residence			
Telephone number	(876) -		
Email address			
Please ensure that this is correct and functional			
Identification (Drivers Licence OR Voters ID OR Passport)	Type:	Number:	
Comorbidities	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know		
Name of Next of Kin or emergency contact			
Telephone Number of next of kin or emergency contact	876-		

Section B: Priority Group Description

(Tick one)

HCW	JCF	JDF	JFB	Elderly (60 and over)
Health Dept/ MOHW	DCS	PICA	Children Homes	Parliamentarians Senators Councilors
Infirmary	Nursing Homes	Teacher	Penal Institution	Other:
Place of Work				
Address				
Telephone Number				
Branch (if applicable)				
Job Title				
If a health care worker:				
Sector		<input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Retired		