

*Please fill in the corresponding date*

**Dose #1**    **Date:** \_\_\_\_/\_\_\_\_/2021

**Dose #2**    **Date:** \_\_\_\_/\_\_\_\_/2021

## **Ethnicity**

*Please check off all applicable boxes*

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Not known - Hispanic or Latino OR Non-Hispanic or Non-Latino

## **Race**

*Please check off all applicable boxes*

- Asian
- African American
- Native Hawaiian or Pacific Islander
- Caucasian
- American Indian or Alaska Native
- Other or Multiple Races

## **General Population**

*Please check off the applicable boxes*

- Resident of a Long Term Care Facility
- Age 70 years and older
- Age 65-69
- Age 19-64

## **Underlying Health Conditions**

*Please check off all the underlying health conditions:*

- Healthy Adults
- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis and other chronic lung diseases
- Down Syndrome
- Serious Heart Conditions (such as heart failure, coronary artery disease or cardiomyopathies)
- Organ Transplant
- Obesity (BMI 30 or higher)
- Pregnant
- Sickle Cell Disease
- Diabetes
- Other Pre-existing Condition