



CULLMAN
REGIONAL

COMMUNITY COVID-19 Registration Form

This registration form adds you to the community waitlist for the COVID-19 Vaccine. Community members will be scheduled based on the ADPH Vaccination Allocation Plan. This form can also be completed online at cullmanregional.com/covidvaccine. Only one registration form is needed per person.

NAME (first name, last name): _____ Social Security Number: _____

Date of Birth (MM / DD / YYYY): ____ / ____ / ____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Insurance Provider: (select any that apply to you)

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> AETNA |
| <input type="checkbox"/> BlueCross/BlueShield | <input type="checkbox"/> Other |
| <input type="checkbox"/> United Healthcare | _____ |

Policy Number: _____ Secondary Policy Number: _____

Medical Conditions:

- | | |
|--|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> COPD or Respiratory Disease |
| <input type="checkbox"/> Immunosuppressive Disease | <input type="checkbox"/> Currently Receiving Immunosuppressive Therapy |
| <input type="checkbox"/> Hypertension | |

Have you tested positive for COVID? YES NO If yes, date of positive test: _____

If yes, mark any that apply regarding your COVID Treatment:

- Hospitalized Received Convalescent Plasma Therapy Received Monoclonal Antibody Infusion

Please list any other underlying medical conditions you have here:

Completed forms may be turned in one of the following ways:

- Fax to 256-737-2606
- Return to Cullman Regional COVID Registration Box (outside of Col. Cullmann Room in POB 2)
- Mail completed forms to: Cullman Regional ATTN: COVID VACCINE, PO BOX 1108, Cullman, AL 35056