

**KCH Covid-19 Vaccination Request Short Form
And Instructions - Administering Pfizer Vaccine
Phase 2: 50+ Years of Age**

Please complete and submit the short form using the following instructions:

- 1) Complete it on line, save a copy and submit the copy as an attachment [to kchcovidvaccine@hhsc.org](mailto:kchcovidvaccine@hhsc.org). OR
- 2) Print a copy, complete the form manually then
 - a. Drop it off at Kona Community Hospital or
 - b. Scan it and email it as an attachment [to kchcovidvaccine@hhsc.org](mailto:kchcovidvaccine@hhsc.org).

A separate form must be completed for each individual asking to be scheduled for the vaccine.

You will be contacted when appointments are available. At that time, you'll receive an email from the CDC, inviting you to complete your registration and schedule your vaccination appointment. The email will include a link to the CDC's registration website – the Vaccine Administration Management System (VAMS).

The VAMS link will not work with internet explorer. You must use Chrome, Edge, Firefox or Safari.

You must use a unique e-mail account for your registration. You cannot use a shared e-mail account. This will cause problems trying to schedule your appointment.

On the day of your appointment, you will need:

- Government Issued Photo ID
- Health Insurance Card

We look forward to seeing you at one of our vaccination clinics.

Kona Community Hospital Staff

Internal Use Only:

Date and time form received:

**Kona Community Hospital
Covid-19 Vaccine Registration Short Form**

Please Print Clearly

Legal First Name:

Legal Middle Name:

Legal Last Name:

Date of Birth:

Unique Email:

Contact Phone Number:

Street Address:

City:

State:

Zip Code: