

Kona Community Hospital

Covid-19 Vaccine Registration Form - 75 and Older

Please Print Clearly

Legal First Name:

Legal Middle Name:

Legal Last Name:

Date of Birth:

Email:

Contact Phone Number:

Gender (select from list):

Ethnicity (select from list):

Race (select from list):

Street Address (no PO box):

City:

State:

Zipcode:

Category (select from list):

Essential Worker (if applicable) [select from list]:

I understand that scheduling my vaccination at Kona Community Hospital will require walking a distance of 800 feet unassisted or that I will be accompanied by a caregiver for mobility assistance.

Internal Use Only:

Date and time form received: