

KCH Covid-19 Vaccination Request Form Instructions

You have several options to complete and submit the form.

- 1) Complete it on line, save a copy and submit it as an attachment to kchcovidvaccine@hpsc.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@hpsc.org.

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

If you choose to print the form please use the information below for required information.

First Name – Must be your legal First Name

Middle Name – (Optional)

Last Name – Must be your legal last name

Date of Birth – use format MM/DD/YYYY

Email – (Optional)

Phone number – use format ###-###-####

Gender – Please select from: Male, Female, Decline to specify, Other

Ethnicity – Please select from: Hispanic or Latino, Not Hispanic or Latino, Unknown/Not Reported

Race – Please select from: American Indian or Alaska Native, Asian, Black or African American, White, Native Hawaiian or Other Pacific Islander, Unknown / Not Reported

Address – Must be your physical address; do not use a PO Box

City – Current City in which you live

State – current State in which you live

Zip code – Current zip code in which you live

Category – Please select from: 75+, 65+, School Teacher, Utility Worker, Essential Worker

Essential Worker (Only complete if you selected Essential Worker as a Category) -

Agriculture, Forestry, Fishing and Hunting

Food Manufacturing

Beverage Manufacturing

Veterinary Services

Food and Beverage Stores

Postal Service

Interurban, Rural and School Bus Transportation

Asphalt Paving, Roofing, and Saturated Materials Manufacturing

Primary and Fabricated Metal Product Manufacturing

Industrial Machinery Manufacturing

Commercial, Industrial Machinery and Equipment Repair/Maintenance

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: