CCVID-19 Vaccination

Ohio

Department of Health

Population/Occupation Data Checklist for COVID-19 Vaccine Recipients

Purpose: This checklist will be used to collect population and occupation information for COVID-19 vaccine recipients.

SECTION 1: INFORMATION ABOUT VACCINE RECIPIENT (PLEASE PRINT)

VACCINE RECIPIENT'S NAME	· ·		
	(First)	(M.I.)	(Last)
DATE OF BIRTH		<i>il</i> .	
	(Month)	(Day)	(Year)

SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please <u>check only one box</u> in the section below. Please select the <u>primary reason</u> you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION

- C Assisted Living Facility Resident
- Assisted Living Facility Staff
- Skilled Nursing Facility (RCF) Resident
- Skilled Nursing Facility (RCF) Staff
- State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- □ State of Ohio Veterans Home Resident
- □ State of Ohio Veterans Home Staff
- □ State of Ohio Mental Health and Addiction Services (MHAS) – Resident
- State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- □ State of Ohio Dept. of Rehabilitation & Correction LTC residents

- State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- Congregate Care Facility Resident
- □ Congregate Care Facility Staff
- □ Hospital worker Clinical Staff
- □ Hospital worker Administrative Staff
- □ Hospital worker Ancillary Staff
- Non-Hospital healthcare worker Administrative Staff
- Non-Hospital healthcare worker Ancillary Staff
- Non-Hospital healthcare worker Clinical Staff
- Emergency Medical Services
 (EMTs/Paramedics)