

MaineHealth**COVID-19 Vaccine Registration**

Patient First Name	
Patient Middle Initial	
Patient Last Name	
Patient Date of Birth	
Patient (Legal) Gender	
Last 4 Digits of Social Security No.	
Patient Language	
Interpreter Needed (Yes/No)	
Patient Race	
Patient Ethnicity	
Mailing Address: Street Address	
Mailing Address: City	
Mailing Address: State	
Mailing Address: Zip Code	
Mailing Address: County	
Physical Address: If different from mailing address	
Phone Number: Mobile	
Phone Number: Home	
Insurance Identification Number/ Policy Number/ Member ID #	
Insurance Company Name	

Ethnicity:

Hispanic

Non-Hispanic

Unknown

Race:

American Indian or Alaska Native

Asian

Black or African American

Multi-Racial

Native Hawaiian or Other Pacific Islander

White or Caucasian

Unknown