



CULLMAN  
REGIONAL

# COMMUNITY COVID-19 Registration Form

This registration form adds you to the community waitlist for the COVID-19 Vaccine. Community members will be scheduled based on the ADPH Vaccination Allocation Plan. This form can also be completed online at [cullmanregional.com/covidvaccine](http://cullmanregional.com/covidvaccine). Only one registration form is needed per person.

NAME (first name, last name): \_\_\_\_\_

Date of Birth (MM / DD / YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Provider: (select one)

- Medicare
- Medicaid
- BlueCross/BlueShield
- United Healthcare

- Tricare
- AETNA
- Other

### Medical Conditions:

- Heart Disease
- Diabetes
- Immunosuppressive Disease
- Hypertension
- Chronic Kidney Disease
- COPD or Respiratory Disease
- Currently Receiving Immunosuppressive Therapy

Please list any other underlying medical conditions you have here:

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Completed forms may be turned in one of the following ways:

- Fax to 256-737-2606
- Return to Cullman Regional COVID Registration Box (outside of Col. Cullmann Room in POB 2)
- Mail completed forms to: Cullman Regional ATTN: COVID VACCINE, PO BOX 1108, Cullman, AL 35056