

## Ocean City, New Jersey COVID-19 Vaccination Assistance Form

The following form is for Ocean City residents who are currently eligible to receive the COVID-19 vaccination but who may have no or limited ability to complete the online registration or scheduling process. All 65-and-overs and residents ages 16 to 64 with medical conditions that put them at risk are currently eligible.

Ocean City staff members and volunteers are on hand to assist with this process. We will do our best to get you an appointment, but please understand that this assistance program offers no guarantee of receiving a vaccination. Vaccine supplies remain limited.

The following form will help us make sure you are registered with the New Jersey State Vaccine Registration System (which will put you in line for vaccinations in Cape May County as they become available) and possibly schedule an appointment at the megasite in Atlantic City, one of the locations where vaccine supplies have been most consistent. We will attempt to schedule you for the first available appointment at the Atlantic City Convention Center, if your name is randomly chosen in the selection process for the megasite. If you are already registered with the state or with the administrator for the megasite (AtlantiCare), please provide your credentials below.

Did you register with the state? Y N

Did you register with the Atlantic City megasite? Y N

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number (Cell Phone Preferred): \_\_\_\_\_

Gender: M F NB Ethnic Group: Hispanic or Latino Not Hispanic Other

Race: American Indian/Alaska Native Asian African American Native Hawaiian/Pacific Islander  
White Other

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

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

\*Cannot be a shared email account, if customer has no email, leave blank\*

Please select time you are **NOT AVAILABLE**:

\*we will try our best but cannot guarantee any specific days/times\*

Monday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Tuesday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Wednesday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Thursday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Friday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Saturday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Sunday's \_\_\_\_\_AM (8am-12pm) \_\_\_\_\_PM (12pm-6pm)

Are you currently quarantined due to COVID Exposure or illness? YES NO

Have you received any vaccines in the past 14 days? YES NO

Have you received antibodies or plasma as part of COVID treatment in past 90 days? YES NO

Have you been told you are allergic to polyethylene glycol or polysorbate? YES NO

Have you ever had an anaphylactic reaction after receiving an injectable vaccination or medication (including rash, difficulty breathing, dizziness, rapid pulse)? YES NO

Have you been sick with COVID in the past 30 days? YES NO

Are you immune suppressed due to medication or disease process? YES NO

This question is for Moderna vaccine only - Do you have a history of dermatological facial fillers such as JUVÉDERM (BOTOX is NOT considered a facial filler)? YES NO

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INFORMATION COLLECTED BY (INITIALS): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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FOR ADMINISTRATION (or if an individual has an account already):

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Appointment Booked: Date: \_\_\_\_\_ Time: \_\_\_\_\_