



Public Health
Prevent. Promote. Protect.

Salem Board of Health

COVID-19 Vaccines for Homebound Salem Seniors

Senior Information

Please fill in information about the homebound senior. They must be a Salem resident and must be age 65 or older. By offering to collect this information, the City does not guarantee that it will be able to necessarily provide the COVID-19 vaccine to this senior. This information will be collected and, if the senior is eligible AND the City has available COVID-19 vaccine, a representative from the City or its vaccination contractor, Cataldo Ambulance, will contact the caregiver or senior directly. Information entered through this form is confidential and exempt from public records laws.

1. First and Last Name of Senior

2. Contact information (must be in Salem; no P.O. Boxes)

Address

Email Address (if applicable)

Phone Number

3. Race

White or Caucasian

American Indian or Alaska Native

Black or African American

Native Hawaiian or other Pacific Islander

Hispanic or Latino

Another race

Asian or Asian American

4. Ethnicity

Not Hispanic or Latino

Hispanic or Latino

5. Date of birth

Date of birth

Date

6. Language spoken (choose all that apply)

- English
- Spanish
- Portuguese
- Other (please specify)



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Caregiver Information (if applicable)

7. Contact Information

Name

Company/Organization (if applicable)

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

8. Who should we contact?

- Senior
- Caregiver
- Other (please specify with contact information)



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Medical Insurance

There is no charge to receive the COVID-19 vaccine, however vaccine providers need to collect insurance information, if it is available.

9. What does the senior have for medical insurance?

- Medicare
- MassHealth / Medicaid
- Private insurance
- No insurance

10. Insurance company

11. Member ID/number

12. Group number

13. Policy holder's name (if different from senior's)

14. Relationship of senior to the policy holder

- Self
- Spouse
- Other dependent



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Vaccine Screening

All questions in this section must be answered.

15. Is this senior currently seeking their first or second shot of the vaccine?

- First
- Second (please specify brand, date, and clinic site of first shot)

16. Is this senior temporarily housebound due to a medical condition, but otherwise would be able to travel by themselves or with assistance?

- Yes
- No

17. Is this senior receiving homecare services?

- No
- Yes (please specify agency)

18. Does this senior reside in a long-term care facility, assisted living facility, or a congregate care setting?

- Yes
- No

19. Does this senior reside in social housing that is offering the COVID-19 vaccine?

- Yes
- No

20. Is this senior able to leave their home, such as for a doctor's appointment or the hairdresser?

- Yes
- No

21. Has this senior ever had a severe allergic reaction (e.g. anaphylaxis) to something administered by a physician?

- Yes
- No

22. Has this senior received any other vaccine in the last 14 days?

- Yes
- No

23. Does this senior have a weakened immune system caused by something such as HIV infection or cancer, or do they take immunosuppressive drugs or therapies?

- Yes
- No

24. Is this senior pregnant or breastfeeding?

- Yes
- No

25. Has this senior ever received a COVID-19 vaccine?

- No
- Yes (please indicate product and dates)

26. If you answered "yes" to question 25, did this senior have a severe allergic reaction after receiving the COVID-19 vaccine?

- Yes
- No
- Not applicable

27. Does this senior have a bleeding disorder or are they taking a blood thinner?

- Yes
- No

28. Has this senior at any point ever had a positive test for COVID-19 or has a doctor ever told them that they had COVID-19?

Yes

No

29. Has this senior received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?

Yes

No



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Attestation

This section must be completed by the senior or caregiver.

30. By submitting this form, I hereby represent and warrant that all information I provided herein is accurate and true as of the date hereof and my full name is:

31. Today's date

Date

Date