

# TOWN OF WARREN COVID-19

## INFORMATIONAL FORM FOR VACCINE



Warren Residents,

We are doing a preliminary gathering of information on our residents age 65 and older to help the CT Department of Health and our local health department gather information for the vaccine. Completing this form and returning it DOES NOT register you for the vaccine. You should continue to check with your primary doctor or the CT Department of Health for up to date information.

Completed forms may be dropped off at the Town Hall during regular business hours or mailed to the Warren Town Hall, 50 Cemetery Rd, Warren, CT 06754. DO NOT email your completed form. If you have questions, please contact the Selectman at 860-868-7881.

Please check all of the following applicable factors:

- ☐ I am 65+ years of age
- ☐ I am 75+ years of age
- ☐ I am homebound

Name (First and Last):

Date of Birth:

\_\_\_\_\_

Residential Address (Street, City, State, Zip):

Mailing Address if different (Street, City, State, Zip):

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

Primary Phone Number:

Cell Phone Number (If different than your primary phone number):

(\_\_\_\_)\_\_\_\_-\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_

Email Address:

\_\_\_\_\_

**To better serve our community, we ask that you provide the following information:**

Is there is anyone in the household that requires special medical attention in case of a power outage? :

- ☐ No
- ☐ Yes, someone in the household has the following needs (ex: Oxygen, Dialysis Machine, etc.)

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