

Population/Occupation Data Checklist for COVID-19 Vaccine Recipients

Purpose: This checklist will be used to collect population and occupation information for COVID-19 vaccine recipients.

SECTION 1: INFORMATION ABOUT VACCINE RECIPIENT (PLEASE PRINT)

VACCINE RECIPIENT'S NAME	(First)	(M.I.)	(Last)
	(Month)	(Day)	(Year)

SECTION 2: INFORMATION ABOUT POPULATION AND/OR OCCUPATION

Instructions: Please check only one box in the section below. Please select the primary reason you are receiving the COVID-19 vaccine.

TARGET POPULATION/OCCUPATION

Phase 1A

- Assisted Living Facility – Resident
- Assisted Living Facility – Staff
- Skilled Nursing Facility (RCF) – Resident
- Skilled Nursing Facility (RCF) – Staff
- State of Ohio Dept. of Dev. Disabilities (DODD) – Resident
- State of Ohio Dept. of Dev. Disabilities (DODD) – Staff
- State of Ohio Veterans Home – Resident
- State of Ohio Veterans Home – Staff
- State of Ohio Mental Health and Addiction Services (MHAS) – Resident
- State of Ohio Mental Health and Addiction Services (MHAS) – Staff
- State of Ohio Dept. of Rehabilitation & Correction – LTC residents
- State of Ohio Dept. of Rehabilitation & Correction – LTC staff
- Congregate Care Facility – Resident
- Congregate Care Facility – Staff
- Hospital worker – Clinical Staff
- Hospital worker – Administrative Staff
- Hospital worker – Ancillary Staff
- Non-Hospital healthcare worker – Administrative Staff
- Non-Hospital healthcare worker – Ancillary Staff
- Non-Hospital healthcare worker – Clinical Staff
- Emergency Medical Services (EMTs/Paramedics)

Phase 1B

- Individuals over 80 years of age
- Individuals age 75 to 79 years of age
- Individuals age 70 to 74 years of age
- Individuals age 65 to 69 years of age
- Individuals with Congenital Disorders or Early Onset Conditions with IDD
- Individuals working in K-12 schools
- Individuals with Congenital Disorders or Early in Life Conditions that Carried into Adulthood without IDD