

West Piedmont Health District COVID Vaccine Pre-Registration

This paper vaccine sign-up is provided as a courtesy, but electronic pre-registrations are preferred. **Please drop paper forms at your nearest health department in Rocky Mount, Martinsville or Stuart.**

THIS IS NOT AN APPOINTMENT OR A GUARANTEE OF VACCINATION.

You will be contacted and offered an appointment based on the information provided, **as appointments are available.**

First Name: _____ Last Name: _____

Date of Birth: _____ County of Residence: _____

Circle your answer:

Do you have underlying medical conditions that would put you at increased risk for severe illness from the virus that causes COVID-19?

Yes

No

The vaccine is a two (2) dose series. Please indicate which dose you are pre-registering to receive:

Initial (1st) Dose

Final (2nd) Dose

Have you tested positive for COVID-19 in the last ninety (90) days?

Yes

No

Do you have a valid email address? If so: _____

Preferred Contact Number: _____

As an alternative you may scan this QR code to enter your information electronically, or visit our website at: <https://www.vdh.virginia.gov/west-piedmont/>

