

Sample of Home Based Vaccination Form, confidential survey to identify those in Washington state who require homebased COVID-19 services. Available at our website: [Home Based Vaccination Form \(wa.gov\)](https://www.wa.gov)



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Home Based Vaccination Form

Hello. Please fill out a separate registration form below for each individual who needs a home based vaccination. This is a secure form and any information you submit to us via this form, such as your contact information and address, is protected.

Once the survey is submitted, you will see a message informing you that the form has been accepted. You should get a response from us in 10 business days. Depending on the survey response, we will either contact the individual needing the vaccination or the one who submitted the survey. For any questions, please email: COVID.Vaccine@doh.wa.gov

Please provide the name and relationship of the **person submitting the request.**

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
What is your relationship to the individual who needs a home based vaccination? <small>* must provide value</small>	<p><input type="radio"/> Self <input type="radio"/> Family member <input type="radio"/> Friend <input type="radio"/> Community Based Representative <input type="radio"/> Other, Please explain below</p> <p>reset</p>
Is this request for an initial series vaccination or a booster vaccine? <small>* must provide value</small>	<p><input type="radio"/> Initial first dose <input type="radio"/> Initial second dose <input type="radio"/> Booster <input type="radio"/> Immunocompromised <input type="radio"/> Unknown</p> <p>reset</p>
What is the best method to contact the person submitting the request? <small>* must provide value</small>	<p><input type="checkbox"/> Phone <input type="checkbox"/> Email</p>
Preferred Language <small>* must provide value</small>	<input type="text"/>

Please provide information below for the **individual who needs a home based vaccination.**

Patient First Name <small>* must provide value</small>	<input type="text"/>
Patient Last Name <small>* must provide value</small>	<input type="text"/>
Date of Birth <small>* must provide value</small>	<input type="text" value="MM-DD-YYYY"/> <input type="button" value="Today"/> M-D-Y
What is the best way to contact the individual who needs to be vaccinated? <small>* must provide value</small>	<p><input type="checkbox"/> Patient Phone <input type="checkbox"/> Patient Email <input type="checkbox"/> Please contact the individual submitting the request</p>

Please provide the address at which the individual will need home based vaccination.

Address Street <small>* must provide value</small>	<input type="text"/>
Address Street 2	<input type="text"/>
City <small>* must provide value</small>	<input type="text"/>
Zip Code <small>* must provide value</small>	<input type="text"/>
County <small>* must provide value</small>	<input type="text"/>
Is the individual able go out of the home with support or do they need vaccination in the home? <small>* must provide value</small>	<p><input type="radio"/> Can leave the home, but needs transportation <input type="radio"/> Limited ability to leave the home and no access to transportation <input type="radio"/> Unable to leave the home due to behavioral support needs <input type="radio"/> Unable to leave the home due to medical support needs <input type="radio"/> Unable to leave the home for other reasons. Please explain below.</p> <p>reset</p>

Is there anything else you would like us to know?

Comments	<input type="text"/>
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