



**COVID-19 Vaccine Planning**  
**New York State COVID-19 Vaccine Form Instructions for Healthcare Providers**  
**New York State**

**Introduction**

As part of New York’s COVID-19 vaccine administration program, the New York State Department of Health is deploying the **New York State COVID-19 Vaccine Form**, a form that will request all individuals across New York State to self-report select demographic data such as occupation, race, and ethnicity prior to vaccine administration. This information is critically important for tracking vaccination progress throughout the State and ensuring appropriate vaccine distributions in all regions of the State.

In the light of this, providers must support the process for data capture as outlined below:

- Patient fill outs the data capture form at the vaccination site during registration (before administration of the vaccine).
  - If patient has a smart phone: Provider directs patients to the website link.
  - If patient does not have a smart phone / has any other issue with filling out the form: Provider directs patients to the kiosk / tablet / laptop if available at the vaccination site and helps patient fill out the form if needed.
- Patient shows completed form to provider (with no data exposed, just confirmation that it is completed).
- Provider checks the confirmation and directs patient to move on to the administration of the vaccine.

The form is expected to take less than 2 minutes to complete and can be found in the following link: [vaccineform.health.ny.gov](https://vaccineform.health.ny.gov)

Please refer to the below “Instructions” section for additional details. Please also note that the obligation to support this process is separate and independent from the provider’s obligation to submit vaccination information directly to the New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR), which is discussed further below.

## Instructions

First questions are meant to capture personal identification information; namely, first name, last name, date of birth, zip code, and county.

### Capture 1: Personal information questions in the data capture tool

Your Information

First Name \*

Last Name \*

Date of Birth \*  MM/DD/YYYY

Zip Code \*   
Characters used: 5 out of 5.

County \*

The second set of questions are for patients to self-report their race and ethnicity.

### Capture 2: Ethnicity and race questions in the data capture tool

Which of the following best describes your ethnic group? \*

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Which of the following best describes your race? Please select all that apply. \*

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White
- Prefer not to answer

The third set of questions are to understand which priority group the patient falls under. These questions are subject to change as more information on priority groups become available. The initial set of questions can be seen in the capture below. These are “yes/no” questions and patients will need to specify their setting if they select “yes”.

### Capture 3: Priority group questions in the data capture tool

Are you a worker in a healthcare setting (including long-term care settings)? \*

Yes  
 No

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Which of these settings do you primarily work in? \*

Hospital  
 EMS  
 Ambulatory care  
 Private provider clinic or office  
 Pharmacy  
 FQHC (community based health center)  
 Congregate setting (e.g., SNF, ACF, group homes/community residences)  
 Addiction and mental health treatment facility  
 Other

Are you currently living in a congregate setting? \*

Yes  
 No

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Which of these settings do you live in? \*

Children / youth residential settings  
 Nursing home / skilled nursing facility / intermediate care facility  
 Shelters for homeless and / or domestic violence  
 Group homes / community residences  
 Behavioral health facilities  
 Correctional facilities / prisons  
 Treatment facility  
 Private residence (house/apartment)  
 Other

Lastly, there is the consent question to send the confirmation to patient’s email.

### Capture 4: Confirmation email question in the data capture tool

Would you like a confirmation sent to email? \*

Yes

No

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Email Address \*