

CONNECTICUT VACCINE PROGRAM Additional Patient Information

Parent / Guardian Name: _____

Child's Name & Date of Birth: _____

Based on new State of Connecticut guidelines relative to vaccine administration to our patients, we are now required to ask your race, ethnicity and preferred language. This information will be used to help monitor quality of care and improve patient care.

Race (please check one or more if applies)

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

Ethnicity (please check one or more if applies)

Hispanic or Latino

Not Hispanic or Latino

Prefer not to answer

Preferred Language (please check one or more if applies)

English	Spanish
Italian	Ukrainian
Polish	Greek
Chinese	German
Hindi	Russian
Kashmiri	Swedish
Nepali	Creole
Arabic	Tagalog
French	Other _____
Prefer not to answer	