

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 | |