



BVI-USVI VACCINATION BUBBLE



Pre-Registration Form

1. Name: _____
 FIRST **M.I.** **LAST**

2. Physical Address: _____

3. Email address: _____

4. Telephone: _____ Mobile: _____

5. Sex: Male Female

6. Age: _____ Date of Birth: **D** _____ **M** _____ **Y** _____

7. What is child's Immigration Status in the BVI? (**Attach Proof**)

- BVIlander / Citizen**
 Belonger
 Permanent Resident
 Work Permit Holder
 Work Permit Exempt
 Permission to Reside

8. Which vaccine do you want from the USVI?

- PFIZER**
 JOHNSON & JOHNSON
 MODERNA
 ASTRAZENECA

9. Have you received the first dose of any vaccine listed above? **YES** **NO**

a. If yes, when was your first dose administered?

Date of first dose _____ **D** _____ **M** _____ **Y** (**Attach Proof**)

b. Did you have any non- COVID related vaccine within the last 2 weeks? YES NO

a. If yes, please state _____

b. Date vaccine was taken _____ D _____ M _____ Y (**Attach Proof**)

10. What is/are your reason(s) for wanting to take the Pfizer, Moderna or Johnson & Johnson vaccine?
Choose all that apply.

I want to vaccinate my child/ children between the ages of 5-17**

I want to receive my second dose.

Medical

Personal preference

Other _____

11. Do you have a **valid** passport and meet the immigration requirements to enter the USVI?

YES NO (**Attach proof**)

a. Choose which applies: US Citizen Green Card US Visa BVI Passport

(**Attach Proof**)

12. If applicable, do you have a valid Electronic System for Travel Authorization (ESTA)?

YES NO (**Attach Proof**)

13. Do you understand that you are solely responsible for all costs associated with getting the Pfizer, Moderna or Johnson and Johnson vaccine in the USVI, including transportation and logistics?

YES NO

14. Are you currently pregnant or breast feeding? YES NO N/A

15. Do you have allergies? YES NO

a. If yes, please list all _____

16. Do you have a weakened immune system as a result of any of the following - cancer, chemotherapy, HIV, Lupus, taking immuno -suppressant medications, etc.

YES NO

17. Do you have any significant medical history or chronic ailments such as diabetes or hypertension?

YES NO

a. If yes, please list all _____

18. Have you tested positive for COVID-19 in the last 28 days? YES NO

a. If yes, what was the date of your last positive COVID-19 test?

_____ D _____ M _____ Y

19. Name of person accompanying minor parent or legal guardian.

Please print name

NB: The person accompanying the minor must attach / upload travel documents and proof of being fully vaccinated.

CONSENT

By signing this form, I accept that my decision to take the Pfizer, Moderna or Johnson & Johnson vaccine in the U.S.V.I. is fully and completely voluntary and therefore, I exempt the Government of the Virgin Islands from any and all liabilities.

Print Name - Parent or Legal Guardian

Relationship to Child

Signature- Parent or Legal Guardian

_____ D _____ M _____ Y
Date

NB: Please email this form along with all required documents of proof to ministryofhealth@gov.vg for further processing.

Requirements:

- **Valid Passport Bio-page**
 - Child
 - Parent/Guardian
- **Original/ Copy Child's Birth Certificate (Age 5-17)**
- **Type-written Letter of Consent, duly Notarized for Legal Guardians Accompanying Minors**
- **Proof of BVI Immigration Status (Ex: Belongers Card, Immigration Stamp, BVI Passport)**
- **U.S. Immigration Status (Ex: U.S. Visa, Green Card, U.S. Passport)**
- **Vaccination Card (If Applicable)**

NOTES: _____
