



# BVI-USVI VACCINATION BUBBLE



## Pre-Registration Form

### **\*\*Important Medical Information\*\***

Please note that if you have taken your first dose of the Astra Zeneca vaccine or any other COVID-19 vaccine other than Pfizer, you **DO NOT** qualify for this programme.

1. Name: \_\_\_\_\_  
**FIRST M.I. LAST**

2. Physical Address \_\_\_\_\_  
\_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Telephone / WhatsApp Number \_\_\_\_\_

5. Sex:  Male  Female

6. Age: \_\_\_\_\_ Date of Birth: **D** \_\_\_\_\_ **M** \_\_\_\_\_ **Y** \_\_\_\_\_

7. What is your Immigration Status in the BVI?

- 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**

9. Have you received the first dose of the Pfizer vaccine  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 or Johnson & Johnson vaccine? Choose all that apply.

I want to vaccinate my child/ children between the ages of 12-17\*\*

I want to receive my second dose.

Medical

Personal preference

Other\_\_\_\_\_

**\*\*Please note that all minor children must be accompanied by a parent or legal guardian and provide proof (birth certificate) of such. If a child is being accompanied by an adult other than their parent or legal guardian, that person must present a notarized, written consent from the parent.**

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 (\*\*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 vaccine in the USVI, including transportation and logistics?

YES  NO

14. Are you currently pregnant or breast feeding?  YES  NO  NA

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?

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 if different from 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 or Johnson & Johnson vaccine in the USVI 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](mailto:ministryofhealth@gov.vg) for further processing.**