

## COVID-19 VACCINE QUESTIONNAIRE FOR EMPLOYEES

1. Are you interested in receiving a free COVID-19 vaccine?

(note: if you have any allergies or medical questions please ask your doctor if you can be vaccinated)

- Yes
- No
- Maybe
- Have already received the vaccine

2. Have you read the Arc NY FAQ information about the vaccine?

[Click here for the FAQ document](#)

- Yes
- No

3. What is your full name?

Last name

First name

4. What is your date of birth?

Date / Time

Date



5. What is your current job/title at Lexington?

6. What is the best phone number at which to reach you?

Phone Number

7. What is your email address?

Email Address

8. Do you work in Fulton, Albany, or Schoharie?

- Fulton
- Albany
- Schoharie

9. Are there any days of the week that you are NOT available for a vaccination?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

10. Depending on the vaccine you are provided, will you be available in 3 or 4 weeks for the vaccine's second dose?

- Yes
- No

11. Do you have any other comments, questions, or concerns?

**THANK YOU for all that you do to keep everyone at Lexington safe and healthy!**