Message on the Apphealth website:

Interested in Getting the COVID-19 Vaccine?

If you would like to get the COVID-19 vaccine, we request you fill out the interest form to provide us with basic information about yourself. You can fill out this form regardless of which phase you fit in. If you are eligible for the vaccine in the current phase we are in, you will be directed to schedule an appointment. If you are eligible for the vaccine outside the current phase we are in, your information will be collected and you will receive notification from us when it is your turn to get the vaccine. The information you provide will be kept private and secure. We will not ask for any personal information like credit cards, passwords, social security numbers, etc.

Google forms document:

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COVID-19 Vaccine Interest Form

Thank you for your interest in receiving the COVID-19 vaccine. Due to limited supplies of the vaccine, it will be rolling out in phases and will be given to those who are most at risk first. We will be following the state’s outlined phases and administering vaccines to those who qualify within the current phase. The vaccine will be offered free of charge to everyone whether or not you have health insurance. If you have health insurance, please bring that information with you to your appointment. If you have questions or have issues with the form, please email [preparedness@apphealth.com](mailto:preparedness@apphealth.com) or call our Call Center at (828) 795-1970.  
  
Your information is private and secure when sent to this site. It utilizes 256-bit Transport Layer Security (TLS).

\* Required

We are currently in phase 1A. This includes health care workers fighting COVID-19 face to face & long-term care staff and residents.

First Name \*



Your answer

Last Name \*



Your answer

Email (if you don't have an email type N/A) \*



Your answer

Phone Number \*



Your answer

What county do you live in? \*

Alleghany

Ashe

Watauga

Are you one of the following?

College and university students

K-12 students age 16 and over

What is your age group? \*

75+

65-74

16-64

Do you live in a close group living setting? \*

Yes

No

Do you have a high-risk medical condition that increase risk of severe disease from COVID such as cancer, COPD, serious heart conditions, sickle cell disease, Type 2 diabetes, among others, regardless of living situation \*

Yes

No

Do you work in any of the following settings that the CDC defines as essential workers?

First responders (e.g., firefighters and police officers)

Corrections officers

Food and agricultural worker

U.S. Postal Service worker

Manufacturing worker

Grocery store worker

Public transit

Education or child care (teachers, support staff, day care)

Transportation and logistics

Legal

Media

Public Health worker

Next

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