

# Community Survey for Mississauga First Nation

The purpose of this survey is to determine *“Who is willing to receive the COVID 19 vaccine?”*

- The information you provide will remain private and confidential.
- It will give the health clinic a better understanding on how many vaccines to order.
- Vaccines have been proven safe and effective for many years.
- Keep in mind priority groups will be vaccinated first, thank you for your understand and patience.
- Currently the two approved vaccines are for adults 16 +, this may change in the future.
- **Band members off reserve in the Algoma region**, can also fill this form out and be consider for vaccine.

**Please complete the below survey for each member living in your household above the age of 18 and return by Feb 28/2021, you can send it via:**

- **Email** at [krystasawyer@mississaugi.com](mailto:krystasawyer@mississaugi.com) or
- Take a picture and **text** it to Krysta at 705-919-2001 or
- **Mail** it to Krysta Sawyer, 64 Park Road, Mississauga First Nation, P0R 1B0 in a sealed envelope or
- **Drop off** at the Band office (64 Park Road) in a sealed envelope in the COVID 19 drop box taped to the door.

<b>Household member # 1</b>	
<b>Name:</b> (if you do not feel comfortable providing your name, you may leave it blank)	
<b>Phone number:</b>	
<b>Are you willing to receive the COVID 19 vaccine?</b>	
<b>Do you give us permission to call you if you answered “NO” to receiving the COVID vaccine?</b>	
<b>How old are you?</b>	
<b>Do you have any allergies?</b>	
<b>Do you have any medical conditions?</b>	
<b>Do you live on Mississauga first nation or off reserve?</b>	

<b>Household member # 2</b>	
<b>Name:</b> (if you do not feel comfortable providing your name, you may leave it blank)	
<b>Phone number:</b>	
<b>Are you willing to receive the COVID 19 vaccine?</b>	
<b>Do you give us permission to call you if you answered “NO” to receiving the COVID vaccine?</b>	
<b>How old are you?</b>	
<b>Do you have any allergies?</b>	
<b>Do you have any medical conditions?</b>	
<b>Do you live on Mississauga first nation or off reserve?</b>	

**\*\*\* A second page is below if you have a large household \*\*\***

<b>Household member # 3</b>	
<b>Name:</b> (if you do not feel comfortable providing your name, you may leave it blank)	
<b>Phone number:</b>	
<b>Are you willing to receive the COVID 19 vaccine?</b>	
<b>Do you give us permission to call you if you answered "NO" to receiving the COVID vaccine?</b>	
<b>How old are you?</b>	
<b>Do you have any allergies?</b>	
<b>Do you have any medical conditions?</b>	
<b>Do you live on Mississauga first nation or off reserve?</b>	

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<b>Household member # 4</b>	
<b>Name:</b> (if you do not feel comfortable providing your name, you may leave it blank)	
<b>Phone number:</b>	
<b>Are you willing to receive the COVID 19 vaccine?</b>	
<b>Do you give us permission to call you if you answered "NO" to receiving the COVID vaccine?</b>	
<b>How old are you?</b>	
<b>Do you have any allergies?</b>	
<b>Do you have any medical conditions?</b>	
<b>Do you live on Mississauga first nation or off reserve?</b>	

<b>Household member # 5</b>	
<b>Name:</b> (if you do not feel comfortable providing your name, you may leave it blank)	
<b>Phone number:</b>	
<b>Are you willing to receive the COVID 19 vaccine?</b>	
<b>Do you give us permission to call you if you answered "NO" to receiving the COVID vaccine?</b>	
<b>How old are you?</b>	
<b>Do you have any allergies?</b>	
<b>Do you have any medical conditions?</b>	
<b>Do you live on Mississauga first nation or off reserve?</b>	

**If you have any questions or concerns, feel free to contact Krysta at**

**705-356-1621 x 2231 or 705-919-2001 - Miigwetch**