

Ethnicity, Race & Language

Patient Name: _____

Date of Birth: _____

Why are we asking? To help us better serve your needs, ensure the availability of state-supplied childhood vaccines, and ensure immunization records are up to date in the state registry, please complete the following questions.

1. Please check one of the following ethnicity options. (Used for civil rights compliance reporting.)

- Hispanic/Latino.** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
- Non-Hispanic/Latino.** *All other cultural heritages.*
- Decline.** *I would prefer not to answer.*

2. Please identify your race. Check all that apply.

- American Indian/Alaskan Native:** *A person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment.*
- Asian:** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- Black, Haitian or African American:** *A person having origins in any of the black racial groups of Africa.*
- Hispanic or Latino:** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.*
- Native Hawaiian or Other Pacific Islander:** *A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.*
- White:** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Decline:** *I would prefer not to answer.*

3. Please check your preferred communication language.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Filipino (Tagalog) | <input type="checkbox"/> Serbian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Sign Language | |