COVID-19 Vaccine Documentation Form for Students

Name (Print): _____ Date: _____

For Students:

Student ID #: _____

Academic College: _____

I understand that I am responsible for providing this documentation to the University. A copy of this form will be maintained in my student medical file.

Section 1:
I received COVID-19 vaccination.

Date(s): _____ Location(s): _____

I am submitting the attached documentation that I received my COVID-19 vaccination from the following organization or provider: _____

**Documentation must contain healthcare provider or organization that administered the COVID-19 vaccination(s), manufacturer, date(s) of vaccine(s), and proof that the COVID-19 vaccination(s) were administered. **

I have submitted true and accurate information regarding my current COVID-19 vaccination to the University and uploaded the acceptable information to my program/college's designated software tracking platform.

Signature: _____ Date:_____