



## STUDENT COVID-19 VACCINATION VERIFICATION FORM

STUDENT NAME: \_\_\_\_\_

SID: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

*This form should be filled out completely and delivered to the Front Desk staff at your campus for the purpose of reviewing and capturing data.*

*Incomplete forms will be returned.*

**I have completed my COVID-19 vaccination series. \***

A complete COVID-19 vaccination series is usually two shots, or one shot for some brands.

International COVID-19 vaccines will meet the college's vaccination requirement if the brand was approved in that country.

**Yes, I am fully vaccinated**

**No, I am not fully vaccinated**

**If you selected yes please answer the following questions:**

Pfizer-BioNTech

Moderna

Johnson & Johnson / Janssen

**Please enter the dates you received each dose of your vaccination.**

If you received the Johnson & Johnson / Janssen vaccination series, and only required one dose in order to complete your vaccination, you may skip the second dose date.

\_\_\_\_\_  
**Vaccination Dose 1 Date**

\_\_\_\_\_  
**Vaccination Dose 2 Date**

**Did you receive any of your COVID-19 shots outside of the United States?**

Yes

No

**I would like to declare an exemption.**

In specific cases, you may decline to receive the COVID-19 vaccine and still comply with the college's vaccination requirement.

I declare a medical exemption

I declare a religious exemption

I declare a philosophical exemption

If you decline to receive a COVID-19 vaccination, please read and agree to the following statements in order to comply with the college's vaccination requirements.

**Signatures for all fields below are required if you have declared any form of exemption.**

I understand the risks of not receiving the COVID-19 vaccine.

\_\_\_\_\_  
**Initial**

\_\_\_\_\_  
**Initial**

I am aware that if there is a COVID-19 outbreak, I will need to quarantine from classes, work or other activities, and subject to additional public health and safety measures for the duration of the outbreak.



\_\_\_\_\_ I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification.  
**Initial**

\_\_\_\_\_ I acknowledge that knowingly providing incorrect information may result in disciplinary action.  
**Initial**

\_\_\_\_\_ I acknowledge that the IHE and state and local public health officials may require further verification of vaccination status, including observing CDC vaccination card, state immunization system record, or other documentation.  
**Initial**

### Medical Exemption

If you decline to receive a COVID-19 vaccination due to medical exemption, please read and agree to the following statements in order to comply with the college's vaccination requirements.

**A signature for the field below is required if you have declared a medical exemption.**

\_\_\_\_\_ I have discussed with a licensed health provider (MD, DO, ARNP, PA, ND) the risks and benefits of receiving the COVID-19 vaccine, and I have been advised that in the Initial provider's medical judgement, the COVID-19 vaccine is not advised for me  
**Initial**

I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification.

I acknowledge that knowingly providing incorrect information may result in disciplinary action. \*

**Student Name Printed** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Staff Member Receiving Form** \_\_\_\_\_ **Date** \_\_\_\_\_