

COVID-19 Vaccination Form

Participant's Name _____

The Rochester Institute of Technology requires all on-campus overnight visitors to be **fully vaccinated** and provide proof of vaccination.

Please indicate which category the student/participant falls into:

- The participant is **NOT** vaccinated against COVID-19
- The participant is **partially** vaccinated against COVID-19
- The participant is **fully** vaccinated against COVID-19

Vaccination Record

Please list the manufacturer and the date the participant received each vaccination.

Note: If you received the Johnson & Johnson vaccination, please fill out 1st Dose and Booster.

<i>1st Dose</i>	Manufacturer:	Date:
<i>2nd Dose</i>	Manufacturer:	Date:
<i>Booster</i>	Manufacturer:	Date or Expected Date:

Proof of vaccination must be provided. Please send a copy of the front of your COVID-19 Vaccination Record card with this form.