

COVID-19 Vaccine Documentation Form

Please complete and submit this form to signify that you have received the COVID-19 vaccine.

First Name: _____

Last Name: _____

Marian email address: _____

Circle one: FACULTY/STAFF STUDENT

Date you received Dose 1 (valid between 12/20/2020 and 12/31/2021): _____

Healthcare facility where you received Dose 1: _____

Have you received Dose 2? _____

Date you received Dose 2 (valid between 12/20/2020 and 12/31/2021): _____

Healthcare facility where you received Dose 2: _____

Your signature: _____

Faculty and Staff: Submit this form to the Office of Human Resources in Marian Hall, Room 116, or via email at hr@marian.edu.

Students: Submit this form to Karen Candlish, dean of students, in Clare Hall, Room 122, or via email to kcandlish@marian.edu.