



**STUDENT VACCINATION ATTESTATION FORM**

**Parents / Guardians:** Please complete this form for your vaccinated student(s) once they are fully vaccinated. We will use this information for the purpose of guiding our school's COVID-19 health and safety plans and procedures. We request that you voluntarily share this information. If you decline to provide this information for your eligible student(s), they will be considered to be not vaccinated.

**Student Information:**

<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Grade:</b>

**Student Vaccine Information:**

I attest that my student has received a COVID-19 vaccination:

**Date of First Dose of Pfizer Vaccine:** \_\_\_\_\_

**Date of Second Dose of Pfizer Vaccine:** \_\_\_\_\_

**Parent / Guardian Name (Printed):** \_\_\_\_\_

**Parent / Guardian Email:** \_\_\_\_\_

**Parent / Guardian Phone Number:** \_\_\_\_\_

By signing below, I attest that the information above is true and correct.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

-----**DO NOT WRITE BELOW THIS LINE**-----

**FOR OFFICE USE ONLY**

<b><u>Date Form Received:</u></b>	<b><u>Received By:</u></b>	<b><u>Evidence Type:</u></b> <input type="checkbox"/> Photocopy of Vaccination Card or IMR Record <input type="checkbox"/> Image of Vaccination Card or IMR Record emailed/texted/faxed to school
-----------------------------------	----------------------------	---