

# STUDENT / CONTRACTOR / VENDOR

## COVID-19 VACCINE Documentation



Huntsville Health System is required to capture documentation related to COVID-19 vaccination status.

**1. NAME:**

\_\_\_\_\_

*First* *Last*

**2. EMAIL:**

\_\_\_\_\_

**3. POSITION:**

Student       Contractor       Vendor       Instructor

**4. HH BADGE ID#** *(this number will be on the HH Security issued badge)*

\_\_\_\_\_

**5. For COVID19 vaccination, I have:**

Had a primary series C19 Vaccination or any boosters      Date of Completion \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Please submit your vaccination card.)*

Have NOT been vaccinated for C19  
*(I understand that I am not required to be vaccinated, nor am I required to request an accommodation in order to be on campus.)*

**6. EXPECTATIONS**

I acknowledge and will abide by recognized and approved expectations to include:

INITIAL

\_\_\_\_\_ I will abide by the masking and attendance policy in the Student/Contractor Orientation packet.

\_\_\_\_\_ I understand that I may be asked to wear a mask based on patient request, or facility request based on the infection rate.

\_\_\_\_\_ I understand that the vaccine is recommended for all healthcare workers.

**7. SIGNATURE**

I understand that if I have a fever of  $\geq 100^{\circ}\text{F}$ , have a positive COVID-19 test, have an upper-respiratory infection, exhibit diarrhea or vomiting that I will not clock in or I will not be on campus.

My signature indicates adherence to these standards and permission to release my vaccination status for reporting purposes. My signature also verifies that the above information is complete and accurate to the best of my knowledge.

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