**Pierce College Student Vaccine Verification**

**Please fill out this form and bring it, along with your identification and proof of vaccination, for verification.**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccine Verification (For Vaccinated Persons)**

I am vaccinated against Covid 19 with the following vaccine (circle one):

Pfizer-BioNTech (two shots) Date #1 \_\_\_\_\_\_\_ Date #2 \_\_\_\_\_\_\_

Moderna (two shots) Date #1 \_\_\_\_\_\_\_ Date #2 \_\_\_\_\_\_\_

Johnson and Johnson/Janssen (one shot) Date \_\_\_\_\_\_\_

Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date #1 \_\_\_\_\_\_\_ Date #2 \_\_\_\_\_\_\_

I certify the above information is true and correct. I understand that falsification of data may result in a violation of the Student Code of Conduct.

**You must show verification of vaccination to the designated Pierce College employee.**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifying Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_