

## COVID-19 Vaccine Information Form

Please complete one form for each student attending MHS for the 2021-22 school year, and **email it to [healthcenter@misshalls.org](mailto:healthcenter@misshalls.org)**. This information enables us to prepare for a safe and healthy school year. The information on this form will be available only to MHS administrators and the Health and Wellness Center. Students who are vaccinated must submit proof of vaccination, in addition to this form. See above letter for details.

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Select one:

\_\_\_\_\_ My student will be fully vaccinated against COVID-19 (2+ weeks after final vaccine dose) upon arrival at MHS this fall.

Vaccine type: \_\_\_\_\_

\_\_\_\_\_ My student will be partially vaccinated against COVID-19 upon arrival at MHS this fall.

Vaccine type: \_\_\_\_\_

Details of vaccination schedule: \_\_\_\_\_

\_\_\_\_\_ My student will not be vaccinated against COVID-19 upon arrival to MHS this fall, and I do not wish for them to be vaccinated.

\_\_\_\_\_ My student will not be vaccinated against COVID-19 upon arrival to MHS this fall, and I give MHS permission to coordinate vaccination for them.

Select acceptable vaccines\*:

\_\_\_\_\_ Pfizer-BioNTech

\_\_\_\_\_ Moderna

\_\_\_\_\_ Johnson & Johnson

*\*MHS is coordinating with local healthcare organizations to vaccinate students and may not have the ability to select vaccine types. Please select any vaccines that you will accept for your student.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_