

COVID-19 Vaccine Information Form

Please complete one form for each student attending MHS for the 2021-22 school year **and upload it to SchoolDoc**. 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: _____
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- 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:** _____