



Vaccination Confirmation Form

Name: _____ PRN: _____

Date of Last COVID Vaccine: _____

Example: The date of your second Pfizer or Moderna vaccine or the day of your Johnson & Johnson vaccine.

Vaccine Type:

Johnson & Johnson

Moderna

Pfizer

If you are requesting an exemption from UNE's COVID vaccination requirement due to medical or strongly held religious beliefs, please reach out to Human Resources at:

HR-COVID19Questions@une.edu.

I have included a copy of my authorized COVID Vaccination record.

Signature

Date