COVID-19 Vaccine Attestation

This form is provided so that all participants can attest to having received the COVID-19 Vaccine. Vaccinations are required to participate in all RISE camps. Parents/guardians must complete the form for all participants under the age of 18.

Today's Date: ______________________________________

Vaccine Certification: By signing my name below, I certify that my child has been fully vaccinated against COVID-19. “Fully vaccinated” means it has been two weeks since receiving either 1) both doses of either the Pfizer or Moderna vaccine or 2) the single dose of the Johnson & Johnson vaccine.

Print Participants Name: ________________________________________________

Signature of Parent/Guardian: ____________________________________________

Optional information:

Date(s) of COVID-19 Vaccination: _______________________________________

COVID-19 Vaccine Brand: ________________________________________________

Please note that vaccinations are REQUIRED to participate in camps due to University policies. Information will only be shared with those who have a need to know for the purpose of performing their job in relation to the health and safety of the campus.