

## COVID-19 VACCINE SERIES TRACKING

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PLEASE INDICATE YOUR CURRENT COVID-19 VACCINATION LEVEL BY CHECKING THE APPROPRIATE BOX BELOW.

I have NOT received any COVID-19 vaccinations.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I have received THE FIRST of two (1 of 2) COVID-19 vaccinations. (Moderna / Pfizer)

I understand I *must also upload proof of vaccination for approval.*

FULL NAME: \_\_\_\_\_

DATE OF FIRST VACCINATION: \_\_\_\_\_

I have received TWO (2 of 2) COVID-19 vaccinations. (Moderna / Pfizer)

I understand I *must also upload proof of BOTH vaccinations for approval.*

FULL NAME: \_\_\_\_\_

DATE OF FIRST VACCINE: \_\_\_\_\_

DATE OF SECOND VACCINE: \_\_\_\_\_

I have received a J&J single dose COVID-19 vaccination. (Johnson & Johnson)

I understand I *must also upload proof of vaccination for approval.*

FULL NAME: \_\_\_\_\_

DATE OF FIRST VACCINATION: \_\_\_\_\_