



## 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](mailto:HR-COVID19Questions@une.edu).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date