

Immunization and Vaccination Attestation

I attest that I am currently in compliance with the vaccination and immunization requirements outlined in the [Vaccination and Immunization Requirement for Learners in the Health Sciences policy](#). I also attest that I am fully vaccinated for COVID-19. If requested, I agree to provide documentation of my vaccination and immunization status as it relates to the above policy.

Observer Signature: _____

Date: _____

Observer Name: _____