



1.

Dose #1 of _____

Documented _____ community-tit

Date of Test _____

2.

Date _____ 2-Date _____

R titer (blood test) _____ of test _____ (Attach Re

3.

Date: _____ mm

TOUHS strongly recommends that you be vaccinated for COVID-19

Documentation of Primary Monovalent COVID-19 Vaccine

Dose#1 Date _____ Dose#2 Date _____

COVID-19 VACCINATION MAY BE MANDATORY AT SOME CLINICAL SITES