

## **COVID Vaccine Requirement Verification**

Holy Family University requires that all students are vaccinated by the start of the fall 2021 academic semester and must provide verification of COVID-19 vaccination accordingly. Students must provide verification of the COVID-19 vaccination, and must confirm that a person is fully vaccinated or has begun the process to full vaccination.

We will require proof of a first shot for the Pfizer or Moderna vaccine or proof of the one-shot Johnson & Johnson's vaccine by the beginning of the term. The Centers for Disease Control (CDC) defines fully vaccinated as the date that is two weeks after receiving a second dose of a two-dose vaccine, or two weeks after the single-dose Johnson & Johnson vaccine.

The deadline for submission of either proof of vaccination or exemption form for students is August 23.

Students must provide verification of vaccination, as noted below:

- All Currently Enrolled Students: Prior to August 31, 2021 for in-person course attendance and/or inperson utilization of on-campus resources and offices
- Residential Students: Prior to move-in to on-campus residence.
- Student Athletes: Prior to participation in any athletics-related activity.
- Club Sports: Prior to the start of Fall 2021 University-sponsored club sport activity.

Students may apply for an exemption from the COVID-19 vaccination. This exemption form is located online, <u>https://www.holyfamily.edu/current-students/student-resources/health-services</u>.

# Verification of COVID vaccination can be accomplished one of the following ways:

- 1. Send a signed note from your Primary Care Physician (PCP), on letterhead or prescription pad, indicating that you have been vaccinated against COVID-19. Verification from the PCP must include the date(s) that you received vaccine dose(s) and the manufacturer.
- 2. Provide Holy Family University Health Services a copy of your COVID-19 vaccination card. **DO NOT** send the original vaccination card.
- 3. Your PCP can complete the information located on the next page.

A completed **COVID-19 Vaccination Verification Information** (page 2) document is required to accompany your vaccination verification.

Send completed documentation, as noted above, to Health Services via fax: 267-341-3691 Or to Health Services via mail: Holy Family University, 9801 Frankford Ave, Philadelphia, PA 19114

Please email Health Services (<u>healthservices@holyfamily.edu</u>) should you have any questions.



#### **COVID-19 Vaccination Verification Information**

A completed form is required to accompany your vaccination verification

| Student Name:  |                     |                     |
|--|---------------------|---------------------|
| Student ID Number:   | DOB:                |                     |
| Student Cell Number:   |                     |                     |
| Student Local Address:   |                     |                     |
| Select if applicable: Student Athlete                              | _ Club Sport Member | Residential Student |
| Select your campus location(s): Philadelphia Campus Newtown Campus |                     |                     |

### Please indicate your choice of vaccine verification:

Only one form of vaccination verification is required

- → A signed note from your Primary Care Physician (PCP) on letterhead or prescription pad
- → Copy of vaccination card
- → Information below completed by PCP

## This information to be completed by PCP:

| Vaccine Manufacturer:    |             |
|--------------------------|-------------|
| Date(s):                 |             |
| Provider's Name (Print): | License No: |
| Provider's Signature:    | Date:       |
| Address:                 | Phone:      |
| Patient's Name(Print):   |             |
| Student ID Number:       | DOB:        |