

# Immunization Form for COVID-19

Required of all students enrolling in 1 or more in-person classes



Westchester  
Community College

State University of New York

Health Services

[www.sunywcc.edu/healthservices](http://www.sunywcc.edu/healthservices)

Email: [Healthoffice@sunywcc.edu](mailto:Healthoffice@sunywcc.edu)

Fax: 914-606-6423

STC 181, 75 Grasslands Rd, Valhalla, NY 10595

**Instructions:** **UPLOAD** this completed form **AND** a copy of the student's COVID-19 immunization card.

This form **CANNOT** be accepted without a copy of the vaccine card.

Student Information (to be completed by the student):		
Name (please print) _____		
_____	_____	_____
<i>Last name</i>	<i>First name</i>	<i>Middle initial</i>
Date of Birth:	WCC Student ID #:	Phone Number:
____/____/____	000____	(____) _____
mm	dd	yyyy
COVID-19 Vaccination Information		
Be sure to complete the information EXACTLY as it appears on your vaccine card and be sure to upload a copy of your card with this form.		
REQUIRED IMMUNIZATIONS	DOSE #1 DATE	DOSE #2 DATE
Please check the type of vaccine you received:  ____ Moderna  ____ Pfizer  ____ Johnson & Johnson  ____ Other (Please Specify Below)	____/____/____ mm dd yyyy	____/____/____ mm dd yyyy
BOOSTER SHOT DATE	For more information, please visit: <a href="http://www.sunywcc.edu/immunizations">www.sunywcc.edu/immunizations</a>	
____/____/____ mm dd yyyy		