

Addendum: COVID-19 Vaccination

Beginning Fall 2021, completion of COVID-19 vaccine is required. Incoming Fall 2021 students must submit proof of COVID-19 vaccination by August 2, 2021.

Identify vaccine manufacturer below then list dates of immunization(s). Please provide two dates for Moderna and Pfizer vaccines; one date is sufficient for Johnson & Johnson. A licensed Healthcare Provider signature (must be MD, DO, NP or PA) must provide their signature to verify.

Note: you may choose to submit a copy of your Vaccination Record Card to fulfill this requirement.

Submitting COVID-19 Vaccination Information and Your Health Record Form

You may submit this addendum with your Health Record Form or separately.

To submit online

Visit the secure Mediat website at [https:// Radford.medicatconnect.com](https://Radford.medicatconnect.com). Choose Radford University as your college and log-in using your Radford University credentials (username & password) to access the online system.

To submit using fax, mail, or email

Use the appropriate contact information included in the footer section of this page. Please include your full name, date of birth, and Student ID with any submitted documentation.

Student Name _____ Date of Birth _____ Student ID# _____

Required Immunization	Vaccine Doses Administered		
COVID-19 Two doses required unless receiving Johnson & Johnson	1 _____ MM/DD/YY	2 _____ MM/DD/YY	Circle vaccine manufacturer: Johnson & Johnson Moderna Pfizer

Religious Exemption

Any student who objects on the grounds that administration of immunizing agents conflicts with his religious tenets or practices shall be exempt from the immunization requirements unless an emergency of epidemic disease has been declared by the Board of Health. An affidavit of religious exemption must be submitted on a Certificate of Religious Exemption (Form CRE-1) found at http://www.doe.virginia.gov/support/health_medical/certificate_religious_exemption.pdf

Medical Exemption

As specified in the Code of Virginia, I certify that administration of the above COVID-19 vaccine would be detrimental to this student's health.

The vaccine is specifically contraindicated because _____

This contraindication is Permanent Temporary and expected to preclude immunization until _____

Health Care Provider Signature (MD, DO, NP, PA)

Printed Name _____ Telephone _____

Address _____

Signature _____ Date _____