

PROOF OF COVID-19 VACCINE

Job Shadow Applicant Name: _____
(print)

The above-named job shadow applicant has received the following doses of a COVID-19 vaccine.

First Date dose: _____ / ____ / ____ (month / day / year)

Second Date dose: _____ / ____ / ____ (month / day / year)

Third / Booster Date dose: _____ / ____ / ____ (month / day / year) if applicable

Forth / Booster Date does: _____ / ____ / ____ (month / day / year) if applicable

Fifth / Booster Date does: _____ / ____ / ____ (month / day / year) if applicable

The above-named job shadow applicant has provided proof of exemption by an approved medical practitioner.

Name of medical practitioner: _____
(print)

Coordinator/ Consultant Name: _____

Signature: _____

Date: _____ / ____ / ____ (month / day / year)