

## COVID-19 Vaccination Record

Have you received the initial COVID-19 vaccination (First dose):

- Yes (Date: \_\_\_\_\_)
- No

Have you received the second COVID-19 vaccination (Second dose):

- Yes (Date: \_\_\_\_\_)
- No

Resident/Fellow Name (PRINT): \_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to the GME Office*

Received by IFMC GME Office on \_\_\_\_\_ Staff Initials \_\_\_\_\_

*\*This form will be kept in your GME file the Inova Fairfax Medical Campus GME office and will be used for vaccine tracking purposes only.*