

COVID-19 Vaccination Record

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

- Yes
 No

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

- Yes
 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.*