

Healthcare and education students are encouraged to receive a COVID-19 vaccination, this certificate can be utilised to record your vaccination.

Name		Student ID	
Date of Birth		Date of Final Vaccination	
VACCINATION		AUTHORISED IMMUNISATION PROVIDER	
<ul style="list-style-type: none"> • Pfizer/BioNTech • University of Oxford/AstraZeneca • Novavax 		Dose 1: / / Batch:	
		Dose 2: / / Batch:	
		Final Vaccine given by: _____	
		Provider: _____	
		Signature: _____	