## **Student-Athlete Vaccination Verification Sheet**

Student Name				
Sport				
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Student ID				
Date of Birth				
School				
Grade				
Glade				
Vaccination Details				
Vaccine	Date Received (Dose 1)	Date Received (Dose 2)	Lot Number	Healthcare Provider / Site
Additional Notes				
Signature of Student-Athlete				
Date				
Signature of Parent/Guardian				
Data				