

International Student Vaccination Consent Form

Student Information

Full Name

Date of Birth

Student ID

Passport Number

Email

Phone Number

Vaccination Details

Type of Vaccine

Dose Number

Vaccination Date

Medical History

Known Allergies

Medical Conditions

Consent

☐

I hereby give my consent to receive the vaccination as described above.

Student Signature

Date

For Official Use Only

Staff Name

Staff Signature

Date