In accordance with CDC recommendation,[Provider Name] of [AFH Name] requires all caregivers and staff employed by [AFH Name] to be fully vaccinated against SARS-Covid-19. [Provider Name] has verified that [Caregiver Name] has been fully vaccinated.

**Initial Shot**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine Brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Initials \_\_\_\_\_\_

**Second Shot**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine Brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Initials \_\_\_\_\_\_

**Booster**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine Brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine Brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Initials \_\_\_\_\_\_

In the event of a Covid positive case, [Caregiver Name] and all employees of [AFH Name] will follow universal infection control and prevention standards as outlined in [AFH Name]’s Infection Prevention and Control Policy.

Caregiver Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_