

**Prairie Lakes Healthcare System**  
**2023/2024 COVID-19 Vaccination Summary**  
Needed for all students 18 & older

**Prairie Lakes is required to report data on all those receiving or declining the COVID-19 vaccination. Please complete the following information.**

Name \_\_\_\_\_  
(Please Print)

School \_\_\_\_\_

Type of vaccination(s) and date(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**OR**

\_\_\_\_\_ I declined the vaccination due to:

- ☐ Religious conviction
  - ☐ Medical conviction
  - ☐ Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.
  - ☐ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.
  - ☐ Other, please list \_\_\_\_\_
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Signature \_\_\_\_\_ Date \_\_\_\_\_

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