Dear Health Sciences Student,

Students are required to be up to date on COVID-19 vaccination by 10/30/2023. This requirement includes the COVID-19 updated 2023-2024 (monovalent, XBB containing) vaccine.

A temporary extension for the updated COVID-19 vaccine requirement will be granted for up to 90 days following a recent COVID-19 infection. By completing and signing this form, students are attesting to their positive COVID-19 testing date. HSIP reserves the right to request COVID-19 testing results to confirm the information provided on this form. Suspected falsification of information is grounds for disciplinary action and will be referred to the student conduct office.

Schools/programs are notified if students have not met immunization requirements.

Section 1: Student Information

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>Student ID#: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</td>
<td></td>
</tr>
<tr>
<td>School/Program: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

Section 2: Date of COVID-19 Infection Diagnosis

Date of Diagnosis: ____________

Section 3: Authentication

| Student Signature: __________________ | Date: ____________ |

Return this completed form to HSIP at myshots@uw.edu.

HSIP Review
Date of Eligibility (90 days after COVID-19 Infection Diagnosis): __________________

HSIP Reviewer Signature __________________ Date: ____________