



Health Room COVID-19 Vaccination Record
2022 - 2023 *(Complete in addition to other Health Forms)*

Student Name: _____ Grade: _____

COVID-19 Vaccination Status: *Please Check All that Apply to Your Student:*

___ Has NOT Received any COVID-19 Vaccinations

___ Has Received 2 Doses of COVID-19 Vaccination Primary Series

___ Has NOT Received a COVID-19 Vaccination Booster

___ Has Received a COVID-19 Vaccination Booster

COVID-19 Vaccination Dates:

1st Dose: _____

1st Booster: _____

2nd Dose: _____

Additional: _____

Please note: This information will be used only by the Health Room Nurses for the purposes of helping to determine any close contacts or necessary quarantining arrangements. It will be stored in the student medical file for reference by the Health Room Nurses throughout the current school year.

The Health Room Nurses stay up-to-date on the latest COVID-19 trends, adhere to the latest CDC guidance, and follow the recommendations of the Anne Arundel County Health Department and Board of Education.

Emailing or attaching a copy of your student's COVID-19 Vaccination Card is helpful for the Nurses, however not required. Please reach out to the Health Office or Administration Office with any questions or concerns.

Thank you for your help and support in maintaining the health and wellness of our students and staff.

St. Andrew's School Nurses

Hilary Smalley, MSN, RN

Marie Vagnoni, RN

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