

**FORDHAM UNIVERSITY HEALTH SERVICES**  
**Required: Covid 19 Vaccine Record for Returning Students**  
**Please upload to the Student Health Portal/email to [health@fordham.edu](mailto:health@fordham.edu) /Fax 718-817-3218**

Name: \_\_\_\_\_ Fordham ID #: A  
Cell Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM/DD/YYYY)  
E-mail: \_\_\_\_\_@fordham.edu \_\_\_\_\_ Graduating Year: \_\_\_\_\_

**SECTION IV: Required Covid 19 Vaccine**

**Moderna:**

Dose 1:

Dose 2:

**Pfizer:**

Dose 1:

Dose 2:

**Jansen J&J:**

Dose 1:

**Other: Name of Vaccine Received:**

Dose 1:

Dose 2:

Health Care Professional Signature

License #

Date

Telephone /Fax

**Must Provide Provider Name and Stamp:**