



TEMPORARY EXTENSION REQUEST: COVID-19 VACCINE

Dear Health Sciences Student,

Students are required to complete the annual COVID-19 vaccine by the due date specified in their CastleBranch account. This is a required vaccination based on the [CDC guidelines for healthcare workers](#) to remain [up-to-date with COVID-19 vaccines](#).

A temporary extension for the annual COVID-19 vaccine requirement may 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

Student last name: _____ Student first name: _____

Student ID#: _____ School/program: _____

SECTION 2: COVID-19 INFECTION DIAGNOSIS

Date of diagnosis: _____

SECTION 3: AUTHENTICATION

Student signature: _____ Date: _____

Return this completed form to the UW Health Sciences Immunization Program (HSIP) at myshots@uw.edu.

HSIP REVIEW

Date of eligibility (90 days after COVID-19 infection diagnosis): _____

HSIP Reviewer Signature: _____ Date: _____