

## Health Science Immunization Program (HSIP) Temporary Extension Request for the COVID-19 Vaccine

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 <u>CDC guidelines</u> for healthcare workers to remain up-to-date with COVID-19 vaccines.

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	
Student last name:	Student first name:
Student ID#: School	/program:
SECTION 2: COVID-19 INFEC	TION DIAGNOSIS
Date of diagnosis:	<u></u>
SECTION 3: AUTHENTICATIO	)N
Student signature:	Date:
Return this completed form to t myshots@uw.edu.	he UW Health Sciences Immunization Program (HSIP) at
HSIP REVIEW	
Date of eligibility (90 days after	COVID-19 infection diagnosis):
HSIP Reviewer Signature:	Date: