# Mississippi Baptist Medical Center
## COVID Vaccination Summary Form

School of Nursing: _____

Instructor: _____

Student Semester: _____ School Year Semester: _____

Week Form Completed: _____ Actual Clinical Start Date: _____

Actual Clinical Stop Date: _____

*In the boxes below, submit total number of students/instructors who will be attending clinicals at MBMC. If you have multiple students groups attending different rotations, we will need a form for each group.*

1. Number of students/instructors who were eligible to participate in clinicals at MBMC for at least one day during the week of data collection. _____

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2. Total number of students/instructors from Question #1 who are up to date with *current year booster* for COVID-19 vaccine. _____

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3. Total number of students/instructors from Question #1 with other conditions (see below): _____

*Medical Contraindication* _____

*Offered but declined COVID-19 vaccine* _____

*Unknown COVID-19 vaccination status* _____

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**Please complete form in it's entirety.**

For questions or concerns please reach out to MBMC Employee Health

MBMC Employee Health, 601-968-1444