COVID-19
Proof of Illness or Immunization (once available)

Use this form to document results from COVID-19 antibody testing, proof of illness, or COVID vaccination (once available). This documentation will not remove the requirement for continued COVID-19 testing, but will be considered when developing COVID-19 testing schedules for the campus community.

COVID-19 (coronavirus): ONE of the following is required:

- **ONE** dose of COVID-19 vaccine (once available)
- **TITER** (blood test, serology) confirming immunity- ATTACH LAB RESULTS
- **PROOF of ILLNESS** – documentation from a medical provider of COVID-19 infection

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<tr>
<th>Last/family Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender</th>
<th>Date of Birth (mm/dd/yyyy)</th>
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<tr>
<th>Student Cell Phone #</th>
<th>Student Email (for contacting about this form)</th>
<th>RIN# (Rensselaer ID#)</th>
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**MM/DD/YYYY FORMAT**

- **Dose #1:** ___/___/___
- **Dose #2:** ___/___/___ (if applicable)
- **Titer Date:** ___/___/___ **Result:** __________
- **Illness Date:** ___/___/___

**MUST ATTACH Lab Result or Medical Provider note**

Healthcare Professional: By signing below, you attest that all information supplied on this form is true & correct to the best of your knowledge.

Health Care Provider Signature: ___________________________ Date: __________

Health Care Provider’s Name: ________________________________

Address: __________________________________________________

Phone Number: ( ) ______-________ Fax: ( ) ______-________

*Stamp may be used, but must be accompanied by signature and date

Completed form should be uploaded to the student’s Health Portal account ([https://studenthealth.rpi.edu/](https://studenthealth.rpi.edu/)) using the document upload feature.

Or emailed to: healthrecords@rpi.edu.