



MARTIN UNIVERSITY VACCINE SURVEY

As part of our efforts to provide a healthy collegiate environment for our students, faculty and staff, Martin University is requiring that all students, faculty, and staff be fully vaccinated, or have an approved exemption by November 8, 2021.

Please complete this survey to let us know your vaccination status. When completing this survey, do not provide any medical information, or any other information related to why you may not have received a COVID-19 vaccine. Please return your completed survey by 5:00 p.m. on October 5, 2021.

COVID-19 VACCINE SURVEY:

- 1) **First Name:**
- 2) **Last Name:**
- 3) **Have you been fully vaccinated? (“Fully vaccinated” means you receive the second dose of a 2-dose vaccine series (Pfizer-BioNTech or Moderna) or a single dose vaccine from Johnson & Johnson/Janssen) no less than 14 days ago).**
 - Yes
 - No
- 4) **If you are not fully vaccinated, what is your vaccination status?**
 - Partially Vaccinated
 - Not yet vaccinated, but COVID-19 vaccine appointment(s) are scheduled
 - Not vaccinated, and will request medical exemption
 - Not vaccinated, and will request religious exemption
- 5) **If Partially vaccinated or recently scheduled vaccination provide:**
 - Date (or scheduled date) of first dose:
 - Date (or scheduled date) of second dose:

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in disciplinary action. By submitting my responses to this survey, I certify that I have accurately and truthfully answered the questions above. I also understand that if I stated that I am fully vaccinated, Martin University will request documentation of my vaccination status (e.g., a copy of my vaccine card). If I stated I will request an exemption, I understand that I need to reach out to Gina Cowherd, Director of Human Resources, to obtain an exemption form and that I am required to submit the completed exemption form no later than 5:00 p.m. on **October 5, 2021.** I also understand that if I do not follow the required safety protocols consistent with my vaccination status, I am subject to disciplinary action.

Signature

Today's Date

DISCLAIMER: By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.