



Mississippi Baptist Medical Center COVID Vaccination Summary Form

School Name:

Program:

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.

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

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

Please complete form in it's entirety and return to department in which you are seeking a clinical rotation.

For questions or concerns please reach out to MBMC Employee Health or MBMC Nursing Student Navigators:

MBMC Employee Health, 601-968-1444

Beth Chandler, Beth.Chandler@BMHCC.org, 601-968-4178

Billie Kidd, Billie.Kidd@BMHCC.org, 601-968-4182