



Mississippi Baptist Medical Center COVID Vaccination Summary Form

School Name:

Program:

Student Semester:

School Year Semester:

Date Form Completed:

Returning students/instructors do NOT need to be included in totals, if they have already been included in the count on a form submitted during the current school year (Fall/Spring/Summer).

In the boxes below, submit total number of students who will be attending clinicals at MBMC.

1. Number of students who are working/participating in clinicals at MBMC for at least 1 day during current semester.

2. Number of students who completed a COVID-19 vaccine series at this facility. *(list total number to the right, separate below)*

Pfizer:

Moderna:

Janssen:

Unspecified:

3. Number of students who have met the qualifications through their school and were granted an exemption.

4. Number of students who are eligible to receive a COVID-19 vaccine booster.

5. Number of students who received a COVID-19 booster.

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 Student Navigators.

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