Non-Contractor Guest Vaccination Proof and YU Screen Verification Log
Confidential
Do not retain any copies of the documents presented

YORK U UNIVERSITÉ UNIVERSITY

First Name	Last Name	Organization	Contact Information	Date of Visit (DD/MM/YY)	Date Proof of Vaccination Verified (DD/MM/YY)	*If applicable, Date Proof of Exemption and Negative Test Verified (DD/MM/YY)	Date YU Screen Verified (DD/MM/YY)	Verified By: