



Vaccination Status Consent Form

I, _____ (Print First and Last Name) hereby authorize the Illinois Laborers' & Contractors Joint Apprenticeship and Training Program ("Training Program") to provide and disclose information regarding my Covid-19 vaccination status on my student identification card so that I may present my student identification card to third parties and third parties may scan my QR code and receive information regarding my vaccination status.

I acknowledge that the Training Program has advised me that my vaccination status constitutes confidential medical information under applicable laws. Accordingly, I understand that the Training Program will not disclose information regarding my vaccination status to third parties without my consent. I further understand that this consent form permits the Training Program to provide my vaccination status in the QR code on my student identification card, but that the Training Program will not otherwise disclose confidential information to any third party.

I further acknowledge that this consent was given by me voluntarily and without coercion.

This consent authorization shall remain in effect until I give the Training Program written notice of cancellation/revocation. Such written notice of cancellation/revocation will be effective when received and approved by the Training Program.

Print Name

Signature

Date: _____