



COVID-19 Vaccine CONSENT FORM RELEASE FORM

Full Name: \_\_\_\_\_

MUST ID or LAST 4 SSN: \_\_\_\_\_

DATE of completed Vaccine: \_\_\_\_\_

I authorize the M.U.S.T. Drug and Alcohol Screening Program, to voluntarily add that I have completed my COVID-19 Vaccine on my MUST report card. I have provided proof to my Union or Contractor of the COVID-19 vaccination. I further release and hold harmless M.U.S.T. (Management and Unions Serving Together).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_