



# DIVINE WISDOM CATHOLIC ACADEMY

## Self-Certification of COVID-19 Vaccination Status

Miriam Bonici  
**Principal**

Last Name: \_\_\_\_\_ First \_\_\_\_\_

Linda Keppel  
**Associate Principal**

Name: \_\_\_\_\_ (please print name)

Sylvia Roccia  
**Associate Principal**

Position \_\_\_\_\_

Frank Signorello  
**STEM Program Director**

Date of Birth \_\_\_\_\_

Date of Second Dose of Vaccine (Pfizer or Moderna):  
\_\_\_\_\_

45-11 245th Street  
Douglaston, N.Y. 11362  
718.631.3153  
Fax: 718.631.3945

**OR**

Date of Single Dose Vaccine (Johnson & Johnson)  
Vaccination Site-City and State:  
\_\_\_\_\_

[www.dwcaonline.org](http://www.dwcaonline.org)

I have answered all the questions above and hereby certify that every response in this report is true and correct.

All information provided on this form will be maintained in compliance with all applicable law.

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

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

**Please return the signed certification to the Debbie by  
September 8, 2021.**

Thank you for your cooperation.