

Employee Attestation of COVID-19 Vaccination Status

Section 1: Current Vaccination Status

Please select from one of the following options:

I, _____ attest that I am:
(print full name)

- fully vaccinated, and have attached a true and accurate copy of my CDC COVID-19 Vaccination Record Card to this attestation. (SKIP Section 2, COMPLETE Section 3)
- fully vaccinated against COVID-19, but unable to produce proof of vaccination (PROCEED to Section 2)
- NOT fully vaccinated against COVID-19. (SKIP Section 2, COMPLETE Section 3)

I understand "fully vaccinated" means it has been at least 14 days since I received a one-dose COVID-19 vaccine, or the second dose of a two-dose COVID-19 vaccine.

Section 2: Additional Vaccination Information

Type of vaccination received: (check one)

- Johnson & Johnson
- Pfizer-BioNTech
- Moderna
- Other: _____

Dates of administration, and health care professional or clinic administering the vaccine:

First dose: ___/___/___ administered by: _____

*Second dose: ___/___/___ administered by: _____

* not applicable if you received the Johnson & Johnson or other one-dose vaccine

Additional comments: _____

Section 3: Attestation

I declare that the above information about my vaccination status, and any documentation provided in support of my vaccination status, is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties, as well as adverse employment action.

Signature

Date

Please return this completed form to: