



HUMAN RESOURCES

COVID-19 Vaccination Status Attestation Form

When completing this form, do not provide any medical information, or any other information related to why you may not have received a COVID-19 vaccine. Simply check the appropriate box, acknowledge, sign, and date. If your situation changes in the future, please provide your Supervisor or Department HR Representative an updated attestation form, at that time.

Please choose only one of the following options:

- I am fully vaccinated*. Provide date fully vaccinated: _____.
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer-BioNTech or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen). ***You are required to provide a copy of your CDC COVID-19 Vaccination Record Card or other acceptable proof of vaccination status.**
- I am not yet fully vaccinated. I received my first dose of Moderna or Pfizer on _____ and my second appointment for the second dose is scheduled on _____.
- I am not yet fully vaccinated. I received my second dose of the Pfizer or Moderna vaccine or I received my single dose of a Johnson & Johnson vaccine less than two (2) weeks ago*. Provide last date vaccinated: _____. ***You are required to provide a copy of your CDC COVID-19 Vaccination Record Card or other acceptable proof of vaccination status.**
- I have not been vaccinated.
- I decline to disclose my vaccination status.

Individuals who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious reasons, please check either "I have not been vaccinated" or "I decline to disclose my vaccination status". Note that if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated until you are at least two weeks past your final dose and resubmit an updated COVID-19 Vaccination Status Attestation form.

I understand that I am required to provide accurate information and I hereby attest and affirm that the information I provided in this form is true and correct. I also understand that failure to provide truthful information on this form may lead to discipline up to and including termination.

Name: _____
(Please Sign)

Date: _____

Name: _____
(Please Print)

EE SAP #: _____

Department: _____