

COVID-19 VACCINE: SELF-ATTESTATION FORM

My name is _____ (print full name), and I attest that (check only one box):

I received the complete series of the COVID-19 vaccine as of _____ (enter each date on which you received a dose).

o Please identify the manufacturer of the vaccine you received: _____

Note: The Pfizer and Moderna vaccines are a two-dose series and Johnson & Johnson's is a single-dose vaccine. In general, people are considered fully vaccinated:

2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or

2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

I received the first dose of a two-dose COVID-19 vaccine on _____ (enter date only) and expect to receive the second dose on _____ (enter date only).

o Please identify the manufacturer of the vaccine you received: _____

I have not received a COVID-19 vaccine (please do not provide any additional information)*.

I decline to state my vaccination status.

Employee Signature

Date

* 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 fill in your name, check the appropriate box, sign, and date. If your situation changes in the future, please provide an updated attestation at that time.