COVID-19 VACCINE and BOOSTER
SELF-ATTESTATION FORM

My name is ___________________________ (print full name), and I attest the following:

Vaccination Information:

☐ I received the complete series of the Pfizer COVID-19 vaccine as follows:
  Date of First Shot: __________
  Date of Second Shot: __________

☐ I received the complete series of the Moderna COVID-19 vaccine as follows:
  Date of First Shot: __________
  Date of Second Shot: __________

☐ I received the Johnson & Johnson COVID-19 vaccine on:
  Date of Vaccine: __________

Booster Information:

☐ I received the (manufacturer name) __________ COVID-19 booster on:
  Date of Booster: __________

Unvaccinated or Decline to Provide Vaccination/Booster Information:

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

☐ I decline to state my vaccination or booster 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.