



I declare that the following statement about 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.

An employee who attests to their vaccination status in this way should to the best of their recollection, include in their attestation the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine.

I have lost or an unable to produce one of these acceptable forms of proof of vaccination, despite attempts to do so (e.g., by trying to contact the vaccine administrator or state health department), as such, I am providing this signed and dated statement attesting to my vaccination status.

(MARK with an "X" and complete associated information.)

 I am fully vaccinated, with the following vaccination dates and type of vaccine:

- SINGLE DOSE VACCINE – only insert the 1st dose date.
- 2 DOSE VACCINE – insert both dose dates vaccine:

- TYPE OF VACCINE: (CIRCLE ONE) MODERNA , PFIZER , J&J , Other(list): _____
1st dose date ____/____/____ 2nd dose date ____/____/____
- Name of health care professional(s) or clinic site(s) who administered the vaccine:

 I am partially vaccinated; with the following vaccination dates and type of vaccine:

- 2 dose vaccine:
- TYPE OF VACCINE: (CIRCLE ONE) MODERNA , PFIZER , J&J , Other(list): _____
1st dose date ____/____/____ 2nd dose date ____/____/____
- Name of health care professional(s) or clinic site(s) who administered the vaccine:

PRINTED NAME: _____ **LAST 4 # SSN** _____

SIGNATURE: _____

DATE: ____/____/____