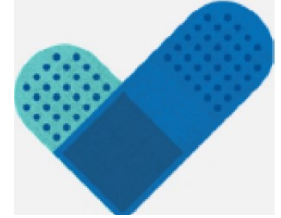




# Self-Attestation of Vaccination Status



Department:
Employee First Name:
Employee Last Name:
Employee ID Number:



Under Cal/OSHA Covid-19 Emergency Temporary Standards (ETS), employers are required to determine the COVID-19 vaccination status of their employees (as well as contractors, volunteers, and others who regularly work onsite). In light of this requirement, you are being asked to provide the information requested below.

Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated for purposes of rules or requirements in the workplace that are different for vaccinated or unvaccinated employees. For example, if requirements on face coverings allow fully vaccinated employees not to wear face coverings in certain settings, the information collected below will be used to determine whether you will be required to wear a face covering in those settings.

For purposes of this attestation, you are considered “fully vaccinated” two weeks after completing the primary vaccination for a single dose COVID19 vaccine or two weeks after receiving the second dose of any combination of two dose COVID19 vaccine.

Please select the statement below that accurately describes your vaccination status:	
<input type="checkbox"/>	I am fully vaccinated
<input type="checkbox"/>	I have not been vaccinated
<input type="checkbox"/>	I decline to answer

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, my employer may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign, date and submit it to your direct supervisor. Do not make copies. Supervisors must email or interoffice mail to Human Resources for secure filing.**