



Self-Certification of COVID-19 Vaccination Status

Employee First and Last Name: _____

Employee ID Number: _____

Department: _____

San Joaquin County continues to strive to comply with local, state, and federal laws, regulations, and guidance to promote the health and well-being of our employees and those who visit our County facilities.

Effective June 17, 2021, pursuant to Cal OSHA's COVID-19 Emergency Temporary Standards (ETS) and Governor Newsom's Executive Order N-09-21, "**fully vaccinated**" employees are no longer required to wear a face covering (i.e., mask). **In accordance with Cal OSHA's ETS, the County must have documentation to verify "fully vaccinated" status. To comply with this requirement, if an employee would like an exemption to the face covering mandate, completion and submittal of this form is required.**

An employee has the right to decline to state if they are vaccinated or not. In that case, the Department must treat the employee as unvaccinated and must not take disciplinary or discriminatory action against the employee. This information will be used to determine whether you will be required to wear facing covering (indoors and outdoors) to ensure compliance with local, state, and federal laws, regulations, and guidance related to COVID-19.

Please note that employees in certain indoor settings must wear a face covering regardless of vaccination status where required by California Department of Public Health. Though face coverings are not required outdoors, face coverings are recommended for unvaccinated persons outdoors where six feet of physical distancing cannot be maintained. Employees may request and receive face covering (e.g., surgical masks or N95 masks) to use at work in compliance with Cal OSHA's ETS regulations.

For purposes of this certification, "fully vaccinated" means:

*The County **has documented** that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).*

In signing this form, to comply with Cal OSHA's ETS, I acknowledge and understand that I am attesting that I am fully vaccinated against COVID-19 as defined above. I understand and agree that by attesting I am fully vaccinated, the County 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: _____