

STATEMENT OF COVID-19 VACCINATION STATUS

Employees who choose to participate in the **COVID-19 Vaccine Incentive Program** are to complete this form **and** show acceptable proof of vaccination status to designated manager or supervisor. For additional information refer to the **COVID-19 Vaccine Incentive Program** guidelines. This program is not intended to extend the compliance deadlines for unvaccinated employees that must be vaccinated under the Public Health Orders.

NOTE: Employees who previously submitted an *Employee Vaccination Ascertainment* form and provided proof of vaccination status, meeting the criteria below are not required to complete this form.

Eligibility Requirements: The County has visually verified acceptable proof of vaccination status, confirming that the employee is fully vaccinated for COVID-19 **by December 1, 2021**. An employee is considered fully vaccinated (as defined by CDC): *two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or other vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (J&J/Janssen).*

1. Complete this section to provide your vaccination status.

☐ **I am fully vaccinated.** I have completed my COVID-19 vaccination process. Below is the information about my vaccination series.

☐ *Johnson & Johnson/Janssen, Date of single dose:* _____

☐ *Moderna, Date of first dose:* _____ *Date of second dose:* _____

☐ *Pfizer, Date of first dose:* _____ *Date of second dose:* _____

2. Acceptable Proof of Vaccination (*check only one box in this section*):

☐ COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR

☐ A photo of a Vaccination Record Card as a separate document; OR

☐ A photo of the client's Vaccination Record Card stored on a phone or electronic device; OR

☐ Documentation of COVID-19 vaccination from a health care provider; OR

☐ Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type. The QR code must also confirm the vaccine record as an official record of the state of California; OR

☐ Documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

AUTHORIZATION

To the extent that the information disclosed above is considered confidential medical information under state law, I hereby authorize the County to use this information in determining compliance with workplace safety laws and regulations pertaining to COVID-19. This authorization will expire one year from the date below, **unless extended to comply with new public health orders**. I understand that I have the right to receive a copy of this authorization. I further understand that if I do not authorize the use of the above information, I will be considered to have declined to provide information regarding my vaccination status and therefore will be required to comply with all laws, regulations and policies as if I were not vaccinated. I understand that I am required to provide accurate information in response to the questions above.

3. Signatures

Employee Name (Print): _____ ID Number: _____

Employee Signature: _____ DATE: _____

I have visually verified acceptable proof the employee meets the criteria as fully vaccinated for COVID-19.

Manager/Supervisor Signature: _____ Date: _____