



COVID-19 Vaccination Self-Attestation Form

Employee Name:	Employee ID#	
Position:	Location:	
Department:	Supervisor:	
Under the California Occupational Safety and Health Standards Board's June 17, 2021, update for COVID-19 Prevention Emergency Temporary Standards, documentation is required by employers for fully vaccinated employees to be at work without a face covering (mask). To comply, employees must self-attest to vaccine status and the employer must maintain records of the self-attestation. To respond to this requirement, please provide the information requested below. Please provide accurate information about your vaccination status in response to the questions below, or alternatively you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, or are not vaccinated, you must wear a mask at all times, while at work. For purposes of this certification, you are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen). Please select the statement below that accurately describes your vaccination status: □ I am fully vaccinated.		
☐ I decline to answer whether I have been vacci	nated.	
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). In signing this document, I consent to sharing my vaccine status with responsible personnel associated with the LBCC vaccination status programs.		
Employee Signature:		Date: