



4901 E. Carson St.  
Long Beach, CA 90808  
(562) 938-4372

## Consent to Share Vaccine Status with Responsible Personnel Form

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Long Beach City College has enacted a mandated vaccine program. To properly track and maintain these records the College requests consent to share vaccine record information with responsible personnel tasked with maintaining and tracking such records and documentation. Consent is essential for proper record maintenance. Consent will further assist with the ability for fully vaccinated individuals to go without a mask, indoors or outdoors, when on campus, once current health orders and internal policies allow for mask removal. To respond to this request, please provide the information requested within this document, and return this form to Human Resources at [vaccine@lbcc.edu](mailto:vaccine@lbcc.edu).

For awareness, an individual is 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).

I hereby affirm that I understand all information outlined in this document. In signing this document, I consent to sharing my vaccine status with responsible personnel associated with the LBCC vaccination status programs.

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