



**VACCINATION ATTESTATION AND CERTIFICATION**

**Mandatory COVID-19 Vaccination Policy**

**Name:** \_\_\_\_\_

**Affiliated Group:** \_\_\_\_\_

Per PVAC’s Mandatory Vaccination Policy, implemented on October 31, 2021 you are required to provide accurate information about your vaccination status in response to the questions below, or decline to provide your vaccination status.

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).

Please select the statement below that accurately describes your vaccination status:

- I am fully vaccinated and have submitted proof of vaccination to PVAC
- I have requested and received approval for an exemption to vaccination
- I decline to answer and understand that this will subject me to denial of access to PVAC
- I have not been vaccinated

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, PVAC must request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status, plus a valid I.D).

I consent to PVAC sharing this information with the local health department, CDPH, the Division, and (NIOSH) as required by law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

**Office Use only**

I have received acceptable proof and verified the employee’s full COVID-19 vaccine status.

\_\_\_\_\_  
PVAC Representative Signature

\_\_\_\_\_  
Date