

EMPLOYEE PERSONAL ATTESTATION OF VACCINATION STATUS

I, \_\_\_\_\_ as an employee of the District do personally attest to the following:

1. My vaccination status for COVID-19 is \_\_\_\_\_ [*fully vaccinated or partially vaccinated*].
2. To the best of my recollection, I can provide the following information about my vaccination status: \_\_\_\_\_ [*type of vaccine administered, date(s) of administration, name of health care providers and clinic site*]
3. I have lost proof of my vaccination status and am otherwise unable to provide proof of my vaccination status.
4. I declare that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date