



As detailed in Tri County Health Department’s (TCHD) COVID-19 Immunization Policy, TCHD requires all employees to be fully vaccinated for COVID-19. For purposes of this inquiry, an individual is considered “fully vaccinated” when it has been at least two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization. Please note that you are required to provide accurate information about your vaccination status. If you decline to provide information about your vaccination status, we will assume you are unvaccinated and you will not be able to work on behalf of TCHD. When responding to this inquiry about whether you have been vaccinated, provide no more information than is contained on a COVID-19 Vaccination Record Card (i.e., if you have been vaccinated, the provider that administered your vaccine; which vaccine you received; and date(s) on which it was administered). Please do not submit any additional medical or family history information in response to the inquiry, including a reason for deciding to be vaccinated or not to be vaccinated. In lieu of this attestation, individuals may present a copy of their completed COVID-19 Vaccination Record Card. All information provided will be maintained in compliance with all applicable law.

Declaration of COVID-19 Vaccine Status

Name: _____

Date of Birth: _____

Vaccine Status:

___ Fully Vaccinated: Vaccine Manufacturer _____; Date(s) of Doses _____

___ Partially Vaccinated: Vaccine Manufacturer _____; Date(s) of Doses _____

___ Not Yet Vaccinated, but COVID-19 Appointment is scheduled: Date of Appt _____

___ TCHD recognizes individuals may have medical or religious exemption for immunizations and has an accommodation process. Check here if you request a medical or religious exemption to COVID-19 immunization.

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in termination of contractual agreement. By signing below, I certify that I have accurately and truthfully answered the questions above. I also understand that if I stated that I am fully vaccinated, TCHD may request documentation of my vaccination status (e.g., a copy of my vaccine card).

Signature

Date