COVID-19 Vaccine Attestation Form

As you are aware, HR/LR Policy # 1446 COVID-19 Proof of Vaccination and Testing, provides that staff members who are assigned to work at the workplace (rather than at-home telework) or otherwise provide agency services outside the staff member's home, and who are fully vaccinated against COVID-19, are not required to participate in weekly COVID-19 testing. In addition, staff who have a telework arrangement but wish to enter the workplace for more than 10 minutes or provide agency services outside their home may do so only if they are fully vaccinated against COVID-19. Because you are assigned to work at the workplace (rather than at-home telework), wish to access the workplace for more than 10 minutes, or otherwise provide agency services outside your home, the agency is requesting you to identify your COVID-19 vaccination status. You are considered fully vaccinated two weeks after your second dose in a 2-dose COVID-19 vaccination series approved by the U.S. Food and Drug Administration ("FDA") or the World Health Organization ("WHO"); or two weeks after a single-dose COVID-19 vaccine approved by the FDA or the WHO.

If you are fully vaccinated against COVID-19, the agency is requesting you to present your CDC COVID-19 Vaccination Record Card or, if vaccinated in another country, then an alternative official vaccination record, as proof of your FDA- or WHO-approved COVID-19 vaccination status. **This information will be used to confirm whether you are fully vaccinated against COVID-19, whether you are authorized to enter the workplace or provide agency services outside of your home, and whether you may be exempted from mandatory COVID-19 testing.**

You are not legally required to provide the requested data. If you fail to provide the data, however, you will be considered to be unvaccinated against COVID-19, and you may be required to undergo testing as required by HR/LR Policy # 1446 COVID-19 Proof of Vaccination and Testing. If you do not show proof of full vaccination against COVID-19 and fail to participate in routine COVID-19 screening testing as required by the policy, you may be refused entry to the workplace, sent home and placed in no-pay status, and subject to disciplinary action, up to and including discharge.

The Minnesota Government Data Practices Act classifies your vaccination status as private data about you. The data collected from you may be shared with agency HR staff, agency safety administrator, members of the agency's staff with a business need to know, and other persons or entities authorized by law.

Vaccine Attestation:

ONLY CHECK ONE OF THE FOLLOWING OPTIONS:

☐ By checking here and signing or typing my name below, I certify that I have been fully vaccinated against COVID-19. “Fully vaccinated" means that it has been at least two weeks since I received both doses of a two-dose vaccine series or a single dose of a one-dose vaccine approved by the FDA or WHO.

☐ By checking here and signing or typing my name below, I am declining to certify that I have been fully vaccinated against COVID-19. I understand that I may later submit proof of full vaccination to my Agency if I become fully vaccinated against COVID-19 or decide to submit proof of full vaccination to my Agency.

Staff Member Name_____

Date_____

Position_____

Signature_____

FOR HR USE ONLY:

I have examined the COVID-19 vaccination card presented by the above-named staff member, and it:

- identifies the staff member’s name and date of birth, manufacturer of the vaccine administered, and dates of administration,
- shows that at least 2 weeks have passed since the staff member’s second dose in a 2-dose series approved by the FDA or the WHO or that at least 2 weeks have passed after a single dose COVID-19 vaccine approved by the FDA or the WHO, and
- appears, to the best of my knowledge, to be genuine and relates to the staff member named.

Initials of HR Staff Member _____ Date_____