

COMPANY NAME
Self-Attestation of COVID-19 Vaccine Status

In order to comply with your obligation to inform the employer of your vaccination status pursuant to the Occupational Safety and Health Administration's ("OSHA") Emergency Temporary Standard on COVID-19 Vaccination and Testing issued on November 4, 2021, this document serves as a self-attestation of your vaccination status. Please note that you are required to provide accurate information about your vaccination status. If you decline to provide information about your vaccination status, you will be required to follow the policy for unvaccinated individuals as per the OSHA Emergency Temporary Standard as well as the policy of the company, including but not limited to providing proof of regular COVID-19 testing and face covering requirements. These policies and requirements may be different than the policies and requirements for fully vaccinated individuals including the requirement to wear facial coverings and practice safe social distancing while on company or customer property or while performing services for the company.

Per the Centers for Disease Control and Prevention ("CDC"), to be considered fully vaccinated, it must have been 2 weeks or more since getting the 2nd dose in a 2-dose series, or 2 weeks or more since getting 1-dose of a single dose vaccine.

- I am fully vaccinated per the CDC's fully vaccinated guideline referenced above. I received the Moderna/Pfizer/Johnson & Johnson (circle one) vaccination(s) on _____(DATES), at _____(TIMES), at _____(LOCATIONS).
- I am partially vaccinated, I intend to complete the vaccination process, and I will provide my employer with proof of vaccination upon completion.
- I am NOT fully vaccinated with a COVID-19 vaccine per the CDC's fully vaccinated guideline referenced above.

By completing this form and signing below, I certify that I have lost my proof of vaccination status and/or I am otherwise unable to produce proof of vaccination required by my employer under OSHA's Emergency Temporary Standard on COVID-19 Vaccination and Testing issued on November 4, 2021.

By completing this form and signing below, I certify 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, as well as my employer's disciplinary process. I also understand that if I do not follow the required safety protocols consistent with my vaccination status, I am subject to disciplinary action, up to and including termination.

Employee's Signature

Employee's Printed Name

Date