

COMPANY NAME
EMPLOYEE RECORD OF VACCINATION

In order to comply with my obligation to inform my employer of my vaccination status pursuant to the Occupational Safety and Health Administration's Emergency Temporary Standard on COVID-19 Vaccination and Testing issued on November 4, 2021, I have attached hereto proof of my COVID-19 vaccination (e.g., copy of vaccination card, a record from a health care provider or pharmacy, medical records, immunization records from a public health system, or any other official documentation that contains the type of vaccine, name of the clinic or health care provider administering the vaccine, and dates of vaccine administration).

PLEASE ATTACH PROOF OF COVID-19 VACCINATION TO THIS DOCUMENT AND RETURN IT TO _____.

Employee's Signature

Employee's Printed Name

Date