Under Federal Mandate through OSHA Emergency Temporary Standards, employees are required to submit proof of vaccination against COVID-19 to be considered vaccinated. This form is provided so that employees can attest to having received the COVID-19 Vaccine when they otherwise cannot provide Saginaw ISD with proof of vaccination.

Vaccine Certification:

By signing my name below, I certify that I have been fully vaccinated against COVID-19. “Fully vaccinated” means it has been two weeks since receiving either 1) both doses of either the Pfizer or Moderna vaccine, or 2) the single dose of the Johnson & Johnson vaccine. (Note: “fully vaccinated” does not include boosters).

By signing my name below, I certify that I have lost and am otherwise unable to produce proof of vaccination and have exhausted options under the [CDC Guidance for Employee to Obtain Proof of Vaccination](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccination-card.html).

By signing my name 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.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required information:**

COVID-19 Vaccine Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of COVID-19 Vaccination 1st dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of healthcare professional or clinic administering COVID-19 Vaccination 1st dose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of COVID-19 Vaccination 2nd dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of healthcare professional or clinic administering COVID-19 Vaccination 2nd dose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Employee medical records are maintained confidentially by Human Resources, separate from an employee's general personnel file. Information will only be shared with those who have a need to know for the purpose of performing their job in relation to health and safety of the Saginaw ISD.