



## Employee Vaccination Status Form

In accordance with DHRM Interim Guidance, Ensuring a Safe Workplace, and Executive Directive Eighteen (2021):

- All state employees (whether they are in the office or teleworking) are required to provide their COVID-19 vaccination status to their Agency's Office of Human Resources or other designated staff as noted in agency procedures.
- This Vaccination Status Form will be retained in a confidential file that is separate from the employee's official personnel record.

**Please complete the information below to disclose your current vaccination status. Failure to provide this information as required may result in disciplinary action.**

<b>EMPLOYEE NAME (first, middle and last):</b>		
<b>Location (School Name, SSC or SO):</b>		
<b>Select the Appropriate Box Below by placing an X next to the appropriate choice:</b>		
	<b>Fully Vaccinated</b>	<b>Date of Final Inoculation (Month/Day Year)</b>
By selecting the box above, I am declaring that I am fully vaccinated with a COVID-19 vaccine and presenting proof. Fully vaccinated means that it has been two weeks or more since receiving the final dose in a two-dose series or two weeks since receiving a single dose vaccination.		
	<b>Not Fully Vaccinated</b>	
By selecting the box above, I am declaring that I am only partially vaccinated. Partially vaccinated means the individual has received only one vaccination dose in a two-dose series or that two weeks following the last inoculation has not yet lapsed. This means that I consent to obtaining a weekly COVID test and submitting it to Human Resources by 4 pm each Monday until further notice or until I am fully vaccinated and provide proof of such to the HR department at my place of work.		
	<b>Not Vaccinated</b>	
By selecting the box above, I am declaring that I am not vaccinated. This means that I consent to obtaining a weekly COVID test and submitting it to Human Resources by 4 pm each Monday until further notice or until I am fully vaccinated and provide proof of such to the HR department at my place of work.		
<b>My signature below indicates that the information provided herein is accurate and true.</b>		
<b>Employee Signature</b>		<b>Date</b>
<b>PLEASE NOTE:</b>		
<ul style="list-style-type: none"> <li>• Regardless of the reason, employees who are not vaccinated or are partially vaccinated will be required to submit to weekly COVID-19 testing at the direction of Agency management.</li> <li>• An employee's refusal to participate in the Agency's COVID-19 testing plan will be considered a safety violation and may result in formal disciplinary action.</li> <li>• If fully vaccinated, employees are required to submit vaccination documentation indicating the date the vaccination was administered. Vaccination documentation includes a copy of the vaccination card or documentation acquired from your medical practitioner or public health department. Please submit electronically to Human Resources.</li> <li>• Employees who move to a different state agency must resubmit their vaccination status and documentation to the new employing agency. Employee vaccination status documentation will not transfer across state agencies.</li> <li>• Employees who change their vaccination status from partially- or not-vaccinated must resubmit this form along with vaccination documentation upon becoming fully vaccinated.</li> </ul>		
<b>Certification of Vaccination Documentation as reviewed by Human Resources/Designated Staff</b>		
<b>Date of Review</b>	<b>Reviewer's Signature/Title</b>	
<b>Type of documentation provided by the Employee (check one):</b>		
	<b>Vaccination Card (hard copy or electronic copy)</b>	<b>VA Health Department Document</b>
	<b>Medical Practitioner Document</b>	<b>Other Public Health Department Document</b>