**COUNTY OF MONTEREY**

**EMPLOYEE CERTIFICATION OF COVID-19 VACCINATION STATUS**

The County of Monterey requires all employees to provide their COVID-19 vaccination status and provide documentation to indicate they are fully or partially vaccinated. Certain employees are also required to report COVID-19 booster status.

**INSTRUCTIONS:**
***This form shall be completed by employees who elected not to access and complete the online certification of vaccination status option provided by the County. Once complete, please provide this completed form and your proof of vaccination (i.e. vaccination card, medical certification, etc.) to your departmental Human Resources professional.***

_____ _____

Employee Name Employee E-Mail Address

## COVID-19 Self-Certification of Vaccination Status

For the purposes of this certification "fully vaccinated" means the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

Please select the statement below that accurately describes your vaccination status:

☐ I am fully vaccinated and have received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine at least 14 days ago.

☐ I am fully vaccinated and received my booster dose (select below) on _____.

☐ Pfizer ☐ Moderna ☐ Johnson & Johnson
☐ Other: _____

☐ I have not been fully vaccinated.

Note: Employees are required to provide documentation/verifying proof of vaccination status. Proof of vaccination can include a copy of the CDC Covid-19 Vaccination Record Card, documentation of vaccinefrom the employee's healthcare provider, or documentation issued by the State of California available at: https://myvaccinerecord.cdph.ca.gov/

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By signing below, I understand that my responses to the following questions will be kept confidential to the extent required by law. I certify that I have completed this form accurately and honestly.

_____ _____

Employee Signature Date

_____

Department/Worksite Location

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