

# COVID-19 Vaccination Status Self-reporting Form

This form is to be used by employees to self-report their COVID-19 vaccination statuses. You may decline to disclose your vaccination status. However, if you choose to disclose your status, that information must be accurate. SAMPLE may request additional information to verify the information reported on this form, as needed.

Please provide no further information than what is directly asked of you below. Do not submit any additional medical or family history information in response to any question on the form.

Please reach out to **[insert contact name]** at **[insert contact details]** with any questions related to this form or SAMPLE's COVID-19 vaccination policies.

Employee Name *(Printed)*

Job Title

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## **Please check one of the following and complete any additional follow-up fields:**

I am fully vaccinated.

<p>_____</p> <p><b>Vaccine manufacturer</b> <i>(e.g., Pfizer-BioNTech, Moderna or Johnson &amp; Johnson)</i></p>	<p>___ / ___ / ___ and ___ / ___ / ___</p> <p><b>Dates of vaccination</b> <i>(MM/DD/YYYY)</i></p>
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I am partially vaccinated *(i.e., received only one dose of a two-shot regimen)*, **and ...**

› Circle one:

I (**do** | **don't**) intend to receive my final vaccine dose.

I am currently unvaccinated.

I do not wish to disclose my vaccination status.

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I attest that the above information is accurate and truthful.

**Employee Signature**

**Date**

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