



## Vaccination Verification Attestation

### Instructions for Lost Vaccination Records

An individual who does not possess their COVID-19 vaccination record (e.g., because it was lost or stolen) should contact their vaccination provider (e.g., local pharmacy, physician's office) to obtain a new copy or utilize their state health department's immunization information system. In instances where an individual is unable to produce acceptable proof of vaccination then a signed and dated statement by the individual will be acceptable. The individual's statement should:

1. attest to their vaccination status (fully vaccinated or partially vaccinated);
2. attest that they have lost or are otherwise unable to produce proof required by the standard; and
3. include the following language: "I declare (or certify, verify, or state) 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 disciplinary action."

An individual who attests to their vaccination status should, to the best of their recollection, include the following information in their attestation:

- the type of vaccine administered;
- date(s) of administration; and
- the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

Any statement provided by the individual should include an attestation that the individual is unable to produce another type of proof of vaccination). Thus, before an individual statement will be acceptable for proof of vaccination, the individual should have attempted to secure alternate forms of documentation via other means (e.g., from the vaccine administrator or their state health department) and been unsuccessful in doing so.

It is recognized that securing vaccination documentation may be challenging for some members of the workforce, such as migrant workers, individuals who do not have access to a computer, or individuals who may not recall who administered their vaccines (e.g., if the vaccination was provided at a temporary location, such as a church, or during a state or local mass vaccination campaign). Thus, for individuals who have no other means of obtaining proof of vaccination, employers can choose to accept attestations as proof of vaccination. However, employers should explain to their individuals that they need to produce vaccination proof through the other means, such as by contacting the vaccination administrator, if they are able to do so.

Once the individual has provided a signed and dated attestation that meets the employer's requirements, the employer does not need to seek out one of the other forms of vaccination proof for that individual and, depending on the content of the attestation, the employer may consider that individual either fully or partially vaccinated for their purposes.



I, \_\_\_\_\_, am an *(please check one)*  employee,  contractor, or  vendor of employer: \_\_\_\_\_ and hereby attest that in spite of exercising all reasonable means to obtain a copy of my COVID-19 vaccination records from my vaccine provider and/or my state health department’s immunization information system (or equivalent), I am not in possession of my COVID-19 vaccination record(s). Being unable to produce any form of COVID-19 vaccine records, I hereby submit this signed and dated statement in lieu of such COVID-19 vaccine records.

I understand that my employer will rely on my attestations set forth in this statement.

I hereby further attest that:

- I am  fully or  partially vaccinated;
- I understand that if I am partially vaccinated, I will need to provide a record of my second shot once received and must test and wear a mask while at work until that second vaccination is verified;
- To the best of my recollection, the information pertaining to my COVID-19 vaccination(s) is as follows:

Type of Vaccine Administered	Date Vaccine was administered	Name of Health Care Professional or clinic site that administered the vaccination

I declare (or certify, verify, or state) 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 disciplinary action.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Please maintain a copy of this record and upload a copy as proof of vaccination through the mobile app.*