



COVID-19 VACCINATION DOCUMENTED VERIFICATION FORM

Employee First Name:	Employee Last Name:
Date of Birth:	

Cal OSHA ETS for COVID-19 requires us to have documented the COVID-19 vaccination status of our employees. In light of this regulation, you must provide the information requested below.

Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status. If you decline to provide information about your vaccination status, you will be required to assume you are unvaccinated and adhere to rules or requirements in the workplace for unvaccinated employees.

For purposes of this certification, you are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

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

I am fully vaccinated.

I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago.

I received my first dose of Moderna or Pfizer, and my second appointment is scheduled.

I have not been vaccinated.

I decline to answer whether I have been vaccinated.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, my employer may request documentation of my vaccination status as required (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

Employee Signature:	
Date Signed:	
Verified By (initial and date):	