**Vaccine Status Questionnaire**

Based on current federal, state and local health directives, various social distancing, face covering, and quarantine rules, vary depending upon whether an individual is vaccinated or not. As a result, the company needs to collect vaccination status information from its employees so that it may properly implement its health and safety rules pertaining to COVID-19. In light of this requirement, you must provide the information requested below.

Answering this questionnaire is mandatory but disclosing your health information is voluntary. Please note you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated for purposes of our health and safety procedures which may affect various aspects of your work environment, including but not limited to wearing face coverings in the workplace. For example, if requirements on face coverings allow fully vaccinated employees not to wear face coverings in certain settings, the information collected below will be used to determine whether you will be required to wear a face covering in those settings. If you decline to provide vaccination status that is perfectly acceptable, however, you will be considered as not being vaccinated for the purpose of enforcing the company’s health and safety rules.

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 yet been vaccinated, but I have already scheduled an appointment to receive my first dose of vaccine. |
|  | 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. By signing below, I confirm 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 to view and retain a copy of documentation of my vaccination status (*e.g.,* a copy of my vaccine card or other similar official document confirming vaccination status).

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|  |  |  |
| Date |  | Signature |
|  |  | Print Name |