



Employee Vaccination Status Form

In accordance with DHRM Interim Guidance, Ensuring a Safe Workplace, and Executive Directive Eighteen (2021):

- All state employees (whether they are in the office or teleworking) are required to provide their COVID-19 vaccination status to their Agency’s Office of Human Resources or other designated staff as noted in agency procedures.
- This Vaccination Status Form will be retained in a confidential file that is separate from the employee’s official personnel record.

Please complete the information below to disclose your current vaccination status. Failure to provide this information as required may result in disciplinary action.

EMPLOYEE NAME (first, middle and last):
Select the appropriate box below

<input type="checkbox"/>	Fully Vaccinated	Date of Final Inoculation (Month/Day Year)	
By selecting the box above, I am declaring that I am fully vaccinated with a COVID-19 Vaccine and presenting proof. Fully vaccinated means that it has been two weeks or more since receiving the final dose in a two-dose series or two weeks since receiving a single dose vaccination.			
Certification of Vaccination Documentation as reviewed by Human Resources/Designated Staff			
Date of Review		Reviewer’s Signature/Title	
Type of documentation provided by the Employee (check one):			
<input type="checkbox"/>	Vaccination Card (hard copy or electronic-copy)	<input type="checkbox"/>	VA Health Department Document
<input type="checkbox"/>	Medical Practitioner Document	<input type="checkbox"/>	Other Public Health Department Document

<input type="checkbox"/>	Not Fully Vaccinated
By selecting the box above, I am declaring that I am either partially vaccinated, or I am not vaccinated. Partially vaccinated means the individual has received only one vaccination dose in a two-dose series or that two weeks following the last inoculation has not yet lapsed.	

PLEASE NOTE:
<ul style="list-style-type: none"> • Regardless of the reason, employees who are not vaccinated or are partially vaccinated will be required to submit to weekly COVID-19 testing at the direction of Agency management. • An employee’s refusal to participate in the Agency’s COVID-19 testing plan will be considered a safety violation and may result in formal disciplinary action. • If fully vaccinated, employees are required to submit vaccination documentation indicating the date the vaccination was administered. Vaccination documentation includes a copy of the vaccination card or documentation acquired from your medical practitioner or public health department. • Employees who move to a different state agency must resubmit their vaccination status and documentation to the new employing agency. Employee vaccination status documentation will not transfer across state agencies. • Employees who change their vaccination status from partially- or not-vaccinated must resubmit this form along with vaccination documentation upon becoming fully vaccinated.

My signature below indicates that the information provided herein is accurate and true.
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Employee Signature

Date