

Town of Yarmouth

Certification of Employee COVID-19 Vaccination Status

Please select the statement below that accurately describes your vaccination status:
<input type="checkbox"/> I am fully vaccinated – Employees are considered “fully vaccinated” two weeks after completing the second 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).
Type of Vaccine Received: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson/Janssen
I received the first dose of Pfizer or Moderna on _____
I received the second dose of Pfizer or Moderna on _____
I received the single dose of Johnson & Johnson/Janssen on _____
<input type="checkbox"/> I am not yet fully vaccinated – I received my first dose of Pfizer or Moderna, and my second appointment is scheduled for _____, or I received my final dose less than two weeks ago.
<input type="checkbox"/> I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine.
<input type="checkbox"/> I have not been vaccinated.
<input type="checkbox"/> I decline to respond.

Employees who choose not to respond will be considered not fully vaccinated. If you have not received your second shot or received your final dose less than two weeks ago, you will be considered not yet fully vaccinated.

If you are fully vaccinated a copy of your vaccination card is required with this form. If you are in between doses or in the process of vaccination a copy of your vaccination card is required upon completion of the vaccination series.

Employee Attestation: I understand that I am required to provide the Town with accurate information about my Covid-19 vaccination status and that failure to be truthful can subject me to discipline, up to and including termination of employment. I hereby certify that I have provided accurate and truthful information about my Covid-19 vaccination status in my answer to the questions above. I also certified if I have provided documentation regarding my Covid-19 vaccination it is valid and was issued by my vaccination provider.

Name: _____ Date: _____

Signature: _____ Dept: _____

Town only

Vaccination Card Review: Date: _____ Confirmed Status above: Yes or No

Department Head or HR: _____

Signature: