



COVID-19 Vaccine Attestation Form

As you are aware, pursuant to OSHA COVID-19 Healthcare ETS, employees who are assigned to work at the workplace (rather than at-home telework) or otherwise provide services outside the employee's home, and who are fully vaccinated against COVID-19, are not required to participate in weekly COVID-19 testing. In addition, employees who have a telework arrangement but wish to enter the workplace for more than 10 minutes or provide agency services outside their home may do so only if they are fully vaccinated against COVID-19.

Because you are assigned to work at the workplace, wish to access the workplace for more than 10 minutes, or otherwise provide services outside your home, we are requesting you to identify your COVID-19 vaccination status. You are considered fully vaccinated two weeks after your second dose in a 2-dose COVID-19 vaccination series approved by the U.S. Food and Drug Administration ("FDA") or the World Health Organization ("WHO"); or two weeks after a single-dose COVID-19 vaccine approved by the FDA or the WHO.

If you are fully vaccinated against COVID-19, we are requesting you to present your CDC COVID-19 Vaccination Record Card or, if vaccinated in another country, then an alternative official vaccination record, as proof of your FDA- or WHO-approved COVID-19 vaccination status. This information will be used to confirm whether you are fully vaccinated against COVID-19, whether you are authorized to enter the workplace or provide services outside of your home, and whether you may be exempted from mandatory COVID-19 testing.

If you fail to provide the data, you will be considered to be unvaccinated against COVID-19, and you may be required to undergo testing as required by OSHA COVID-19 Healthcare ETS. If you do not show proof of full vaccination against COVID-19 and fail to participate in routine COVID-19 screening testing as required by the MCS Mandatory Vaccination Policy, you may be refused entry to the workplace, sent home and placed in no-pay status, and subject to disciplinary action, up to and including discharge.

Vaccine Attestation Form

Employee Name: _____ DOB: _____

Position: _____ Phone: _____

By checking here and signing or typing my name below, I certify that I have been fully vaccinated against COVID-19. "Fully vaccinated" means that it has been at least two weeks since I received both doses of a two-dose vaccine series or a single dose of a one-dose vaccine approved by the FDA or WHO.

Employee Signature: _____ Date: _____

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 criminal penalties.

The Minnesota Government Data Practices Act classifies your vaccination status as private data about you. The data collected from you may be shared with agency HR staff, agency safety administrator, members of the agency's staff with a business need to know, and other persons or entities authorized by law.