This document is intended to verify employee vaccination status and is not a disability-related inquiry or medical examination. The company may or may not request to see proof of vaccination as part of this verification process. You may decline to share your vaccination status. Unvaccinated employees and those who decline to share their status may be subject to different workplace rules or policies. Employees who are unable to be vaccinated because of a sincerely held religious belief, disability, or pregnancy, will be reasonably accommodated when such an accommodation does not cause an undue hardship to the company.

**Printed employee name:**

[ ]  I am partially or fully vaccinated. The date(s) of my shot(s) are as follows:

Date of first and second shot, if two-dose vaccine was received

**First shot:**

**Second shot:**

*If you have not yet received your second shot, please update us when you do.*

Date of single shot, if single-dose vaccine was received

**Single shot:**

[ ]  I am currently unvaccinated.

[ ]  I decline to share my vaccination status.

By signing below, I verify that the above information is truthful and accurate.

### **Employee signature:**

### **Date:**

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**For management use if proof of vaccination is reviewed**

Printed name of reviewer:

Signature of reviewer:

Date of review: