



City of Takoma Park

COVID-19 Vaccination Attestation

Employee Name (last, first): _____

Employee Date of Birth: _____

Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status.

If you decline to provide information about your vaccination status, we will assume you are unvaccinated for purposes of rules or requirements in the workplace, should the City set forth different rules for vaccinated or unvaccinated employees. 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.

Per the CDC, fully vaccinated is defined as:

- 2 weeks after your second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you wish to request a reasonable accommodation regarding the City's safety protocols (for either a medical reason or sincerely held religious belief), please see the City's Reasonable Accommodation Policy. Please contact the Human Resources department for more information.

In completing this form, provide no more information than is contained on your COVID-19 Vaccination Card (e.g., the provider that administered your vaccine; which vaccine you received; and the date(s) on which the vaccine was administered).

Do not submit any additional medical or family history information in response to this inquiry, including a reason for deciding to be vaccinated or not to be vaccinated.

Please present this attestation form along with a copy of your completed COVID-19 Vaccination Record Card to Lori Cannon in the Human Resources Department.

All information provided will be maintained in compliance with applicable law.

Please select the statement below that accurately describes your vaccination status:

- I am fully vaccinated. Manufacturer _____;
Date(s) of Doses _____
- 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. Manufacturer _____;
Date(s) of Doses _____
- I received my first dose of Moderna or Pfizer, and my second appointment is scheduled for _____.
- I have not yet been vaccinated, but have a COVID-19 vaccination scheduled. Date(s) _____.
- I have not yet 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. I affirm that I have accurately and truthfully answered the question above. I understand that the City reserves the right to request proof of vaccination at any time for verification purposes and I agree to provide said proof upon request. This attestation and other information regarding vaccination status will be maintained in a confidential manner and will be shared only with those with a reasonable basis to know of my vaccination status.

I understand effective August 7, 2021 the City of Takoma Park has implemented a mask mandate for all City buildings and facilities. I acknowledge the mask mandate applies to all employees, both vaccinated and unvaccinated, and all visitors. At this time, the City is also requiring that employees practice good hygiene (*i.e.*, regular hand-washing) and regularly clean surfaces at their workstation(s). The City will provide cleaning supplies.

I understand that the City's safety protocols may change over time as informed by federal and state guidance and I agree to comply with City safety protocols.

I will be considerate and respectful of others, including employees and visitors regarding safety protocols.

If I have questions or concerns about this attestation or City policy, I can contact the Deputy City Manager or Human Resources Director. If I am a member of one of the City's collective bargaining units, I may also communicate with my union representative(s).

Signature: _____

Date: _____

Human Resources Staff only:

Verified by: _____
(Print Name)

Date: _____