

DOCUMENTATION OF COVID-19 VACCINATION STATUS

Employee Name: _____ Date of Documentation: _____

Pursuant to Division of Occupational Safety and Health (“DOSH”) requirements, 8 California Code of Regulations section 3205, the company is documenting whether employees are “Fully Vaccinated” for COVID-19 workplace safety purposes.

<input type="checkbox"/>	<p>I am Fully Vaccinated.</p> <p>I received either the second dose in a two-dose COVID-19 vaccine series, or a single-dose COVID-19 vaccine, at least 14 days prior to the Date of Documentation (as recorded above).</p>
<input type="checkbox"/>	<p>I will be Fully Vaccinated on _____.</p> <p>On _____, it will be at least 14 days after I received either the second dose in a two-dose COVID-19 vaccine series, or a single-dose COVID-19 vaccine.</p>
<input type="checkbox"/>	<p>I am unvaccinated for COVID-19 and do not wish to specify a date when I will be Fully Vaccinated.</p> <p>I understand that I will be treated as unvaccinated for purpose of DOSH requirements, including requirements regarding use of Face Coverings in the workplace.</p>
<input type="checkbox"/>	<p>I decline to respond.</p> <p>I understand that I will be treated as unvaccinated for purpose of DOSH requirements, including requirements regarding use of Face Coverings in the workplace.</p>

“Face Covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A Face Covering has no visible holes or openings and must cover the nose and mouth. A Face Covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

I understand that I may receive and wear an employer-provided Face Covering at any time regardless of my vaccination status and that, if unvaccinated, I may request an employer-provided N95 or better respirator. There is no cost for these items. The company prohibits retaliation for use of Face Coverings and respirators by any employee.

The company requires does not require presentation of an authentic vaccination record establishing Fully Vaccinated status.

Name

Signature

Note: This is a draft document for discussion of current workplace safety requirements. It should not be used without further consultation regarding individual workplace considerations.