

COVID-19 VACCINATION ATTESTATION

I, _____, hereby attest that I am fully vaccinated for COVID-19 with an FDA-authorized COVID-19 vaccine. To be considered fully vaccinated, I have received the full amount of shots needed and two weeks have passed since my final dose of the authorized vaccine on the following date _____.

I further attest that I no longer wish to wear a mask while working. I understand that if I decide to wear a mask, I can advise my employer and a mask will be provided to me.

Signature: _____ **Date:** _____