



## Town of Colma COVID-19 Self-Certification of Vaccination Status

As pandemic restrictions begin to ease, the Town is preparing to reopen all facilities while following the June 17, 2021 Cal/OSHA's Covid-19 Emergency Temporary Standards (ETS). Here's the link to the Cal/OSHA's ETS:

[https://www.dir.ca.gov/dosh/dosh\\_publications/06-16-21-ETS-Revisions.pdf](https://www.dir.ca.gov/dosh/dosh_publications/06-16-21-ETS-Revisions.pdf)

In order for the Town to lift certain face-covering and social distancing restrictions, please complete the following Self-Certification of Vaccination Status. The information collected is confidential and be used for safety protocols. Please note that you are required to provide accurate information about your vaccination status, or alternatively you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated and you will be required to follow the rules and requirements pertaining to unvaccinated employees.

For purposes of this certification, you are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen), or completing the required course for any other COVID-19 vaccine that may subsequently receive emergency use authorization or full approval by the Federal Drug Administration.

Finally, if you decline to answer or if you answer that you are not fully vaccinated at the time you complete this form, and your status later changes, please contact Gioia Perez at 650-997-8306 to obtain a new self-certification form.

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Select the Status below that accurately describes your vaccination Status:

- I am fully vaccinated as of the following date, which is two weeks after I completed the full protocol (2 shots or 1 shot) for the vaccine I received: \_\_\_\_\_.
- I am not fully vaccinated.
- I decline to answer and understand that the Town will presume that I am unvaccinated.

*I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, my employer may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status). Additionally, I understand that if I answer that I am fully vaccinated without being so, I am subject to disciplinary action, up to and including termination of my employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_



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Signature

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Date

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Print Name

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Company Name