

Employee COVID-19 Attestation Form

Employee Portion

I (Name) attest that I have received (insert number of doses) of an approved COVID-19 vaccination. My first dose was on (insert date). My second dose was on (insert date). If applicable, my third dose was on (insert date). I have provided visible proof of the above to my Supervisor. I understand that providing fraudulent proof of vaccination may be subject to discipline up to and including termination of employment for just cause.

Full Name:

Signature:

Date:

Supervisor Portion

I (Name) attest that I have seen visible documentary proof of vaccination for the above employee.

Full Name:

Signature:

Date: