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Self-Certification of COVID-19 Vaccine Status

----- continues to strive to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees, their families, those who visit our facilities, as well as the public at large. As part of this effort, ----- has implemented certain safety protocols. Consistent with certain state, CDC, and OSHA guidance, those employees who have been fully vaccinated against COVID-19 will be excused from some of these protocols. For this reason, ----- is requesting that you provide us with your COVID-19 vaccination status.

For purposes of this inquiry, an individual is considered “fully vaccinated” when it has been at least two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization.

Please note that you are required to provide accurate information about your vaccination status, or you 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 that are different for fully vaccinated or unvaccinated persons.

When responding to this inquiry about whether you have been vaccinated, provide no more information than is contained on a COVID-19 Vaccination Record Card (i.e., if you have been vaccinated, the provider that administered your vaccine; which vaccine you received; and date(s) on which it was administered). Please do not submit any additional medical or family history information in response to the Company’s inquiry, including a reason for deciding to be vaccinated or not to be vaccinated.

In lieu of this Self-Certification, employees may present a copy of their completed COVID-19 Vaccination Record Card. All information provided will be maintained in compliance with all applicable law.

COVID-19 SELF DECLARATION OF VACCINATION STATUS



Self-Certification of COVID-19 Vaccine Status

Employee Name: _____

Vaccine Status:

- Fully vaccinated; Vaccine Manufacturer:
 Date(s) of Doses: _____ & _____

- Partially vaccinated; Vaccine Manufacturer:
 Date(s) of Doses: _____ & _____

- Not vaccinated, but COVID-19 appointment is scheduled.

- Not vaccinated.

- Decline to answer.

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in disciplinary action. By signing below, I certify that I have accurately and truthfully answered the questions above. I also understand that if I stated that I am fully vaccinated, the Company may request documentation of my vaccination status (e.g., a copy of my vaccine card). I also understand that if I do not follow the required safety protocols consistent with my vaccination status, I am subject to disciplinary action, up to and including termination.

Signature: _____ Date: _____

COVID-19
SELF DECLARATION OF
VACCINATION STATUS