Please read, check, and sign only **ONE** of the sections below:

\_\_\_\_\_\_ I am currently not vaccinated against Covid-19 but intend to be fully vaccinated by the deadline of date. I understand the current definition of “fully vaccinated” to mean, two weeks (14 calendar days) have passed since receiving an FDA approved one-dose vaccine (Johnson & Johnson) or a second dose of an FDA approved mRNA vaccine (Moderna or Pfizer-BioNTech):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

\_\_\_\_\_\_ I am currently not vaccinated against Covid-19 and do not intend to be vaccinated at this time. I understand this means that I may be required to provide a weekly negative COVID-19 test result and wear a mask when indoors at this facility:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

\_\_\_\_\_\_ I do not wish to disclose my vaccination status at this time. I understand this means that I may be required to provide a weekly COVID-19 negative test result and wear a mask when indoors at this facility:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

**Please submit form to an HR representative upon completion.**