BENTON COMMUNITY SCHOOL DISTRICT
EMPLOYEE COVID-19 VACCINATION/TESTING REQUIREMENTS

ATTESTATION BY EMPLOYEE WHO IS
UNABLE TO PRODUCE PROOF OF VACCINATION

I, _____ (*printed name*) attest the following about my vaccination status (*check the option that applies to your vaccination status*):

_____ I am fully vaccinated as defined by my employer's COVID-19 vaccination policy.

_____ I am partially vaccinated and anticipate that I will be fully vaccinated as defined by my employer's COVID-19 vaccination policy on _____ (*date*). By signing below I agree to provide proof of vaccination upon becoming fully vaccinated as defined by my employer's COVID-19 vaccination policy.

_____ I am not partially vaccinated or fully vaccinated as defined by my employer's COVID-19 vaccination policy.

I further attest that I have lost and are otherwise unable to produce proof of vaccination. To the best of my recollection, the following is true about my vaccination status (*for employees who are not fully or partially vaccinated, please put "N/A" for not applicable*):

The type of vaccine administered:_____

The date(s) the vaccine was administered:_____

The name of the healthcare professional(s) or clinic site(s) administering the vaccine(s):_____

_____

I certify that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties. I further understand that knowingly providing false information regarding my vaccination status on this form will result in immediate termination from my employment.

_____ _____

Employee Signature Date

____

Employee Name (Printed)