

**District of Connecticut  
Employee and Contractor  
COVID-19 Vaccination Attestation**

Please complete and sign this attestation that you have been fully vaccinated, or not, then send the completed form to Human Resources.

You need not provide any medical information in this form. For purposes of this form, being “fully vaccinated” means that you have received the one-dose vaccine (Johnson and Johnson) or the second dose of a two-dose vaccine (Pfizer and Moderna).

Name:

Court Unit:

Date:

I attest that I am fully vaccinated. Specifically, I received the second dose of a two-shot vaccine or the single dose of the Johnson & Johnson vaccine on\_\_\_\_\_. 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 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).

\_\_\_\_\_  
Electronic or Ink Signature  
Employee/Contractor

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

I am not vaccinated.

\_\_\_\_\_  
Electronic or Ink Signature  
Employee/Contractor

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