

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

Please complete and sign this attestation concerning your COVID-19 vaccination status, 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 fourteen days have passed after the second dose of a two-dose vaccine (Pfizer and Moderna) or that fourteen days have passed after the one-dose vaccine (Johnson and Johnson).

Name:

Court Unit:

Date:

Please choose from one of the following options:

- 1. I am fully vaccinated.
- 2. I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago on _____[date].
- 3. I received my first dose of Moderna or Pfizer, and my second appointment is scheduled for _____ [date].
- 4. I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine on _____[date].
- 5. I have not been vaccinated.

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 if I stated that I am fully vaccinated, 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: _____