



CONTRA COSTA COUNTY EMPLOYEE SELF-ATTESTATION OF COVID-19 VACCINATION STATUS

First name _____ Last name _____

Employee ID No _____

Effective June 17, 2021, Cal/OSHA's COVID-19 Emergency Temporary Standard (ETS) (T8 CCR 3205) permits employers to allow fully vaccinated employees to work indoors without wearing a face covering.* Employees who are not fully vaccinated or whose vaccination status is not documented are required to continue wearing face coverings in the indoor work environment.

If you are fully vaccinated and choose not to wear a face covering in the workplace, please sign and date this form self-attesting that you are fully vaccinated. You are considered "fully vaccinated" if it has been at least 14 days since you either received the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved, have an emergency use authorization from the FDA, or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

I understand that I must provide accurate information regarding my vaccination status. By signing below, I hereby attest that I am fully vaccinated against COVID-19:

Signature

Date

*Employees who work in certain facilities, such as detention and health care settings, may be required to wear face coverings regardless of vaccination status. Check with your department on whether this applies to your worksite.