



ATTACHMENT 1: UW COVID-19 VACCINE ATTESTATION FORM

Supervisors/units should use this form to verify the vaccination status for personnel in their worksites for whom access is not available in the UW Workday or Hall Health Center student health system. This form is maintained by the unit supervisor or unit human resources representative as a private and confidential record and maintained for the time periods indicated in this policy. If personnel are not verified to be fully vaccinated, the individual is required to wear face coverings in accordance with the [UW COVID-19 Face Covering Policy](#).

COVID-19 VACCINATION ATTESTATION:

YES NO I attest that I have received an [FDA-authorized](#) or [World Health Organization-authorized](#) COVID-19 vaccine and that I am fully vaccinated: Fully vaccinated is 2 weeks after the second dose in a 2-dose series (e.g., Pfizer or Moderna) or 2 weeks after a single-dose vaccine (e.g., Johnson & Johnson).

VACCINATION DATES:

First Dose: _____

Second Dose (for a 2-dose vaccine): _____

EXEMPTION:

I decline the COVID-19 vaccine for a medical, religious, or philosophical reason. If declining for a medical reason, I have discussed the risks and benefits of receiving the vaccine with a health care provider and have been advised that the COVID-19 vaccine is not recommended for me. I understand that by declaring an exemption, I am required to adhere to enhanced workplace safety and public health requirements at the University (e.g., masking) required for individuals who are not fully vaccinated.

DECLARATIONS:

I declare that the information provided is accurate and true and may be subject to further verification.

I acknowledge that if falsification of information has occurred that I may be subject to disciplinary action.

Personnel Name

Signature and Date