SRS Certification of Vaccination

Certification of Vaccination
The purpose of this form is to take steps to prevent the spread of COVID-19 and to protect the health and safety of all Federal employees, onsite contractor employees, visitors to Federal facilities, and other individuals interacting with the Federal workforce. If you fail to submit this signed attestation, or if you are unable to provide proof of any required negative COVID-19 test, you may be denied entry to a Federal facility.

My Vaccination Status

By checking the box below, I declare that the following statement is true:

☐ I am fully vaccinated. (1)
☐ I am not fully vaccinated. (2)
☐ I have not been vaccinated. (3)
☐ I decline to respond.

I understand that while in a Federal facility I must follow the COVID-19 workplace safety protocols required by the Federal agency I am visiting or for which I am performing contract work onsite. This includes wearing a mask when required in the facility, including when the COVID-19 Community Level in the county where the Federal facility is located is HIGH as defined by the CDC.

If I am not fully vaccinated or decline to provide my vaccination status, I understand the Federal agency I am visiting or for which I am performing contract work onsite may require that I be able to provide proof of a negative COVID-19 test I received within the previous 3 days, including when the COVID-19 Community Level in the county where the Federal facility is located is MEDIUM or HIGH as defined by the CDC.

I sign this document under penalty of perjury that the above is true and correct, and that I am the person named below. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking “I decline to respond” does not constitute a false statement. I understand that if I am a Federal employee or contractor making a false statement on this form could result in additional administrative action, including an adverse personnel action up to and including removal from my position or removal from a contract.

Printed name: ____________________________________________________________

Signature:________________________________________Date: __________________
1. The Centers for Disease Control and Prevention considers an individual fully vaccinated if they are:
   • 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
   • 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.
   If you don’t meet these requirements, regardless of your age, you are NOT fully vaccinated.
2. Either I have received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago.
3. If you are not vaccinated or if you have not been vaccinated due to medical or religious reasons and you are approved or seeking approval through your individual company’s HR process, please check either “I have not been vaccinated” or “I decline to respond.”

Directions and notice to Federal contractor employees
When the COVID-19 Community Level in a county where a Federal facility is located is MEDIUM or HIGH as defined by CDC, onsite contractor employees may be asked to attest to their vaccination status by being able to present a completed Certification of Vaccination form while in that Federal facility. Please note that consistent with CDC guidance, agencies may have different or additional COVID-19 workplace safety protocols for individuals in specific work settings, such as healthcare or congregate settings, including protocols that vary based on an individual’s COVID-19 vaccination status.

You may be asked to show this form and/or information from a health screening upon entry to a Federal facility, and/or to a Federal employee who is supervising or managing your work on Federal premises. Please maintain this form during your time on Federal premises.

Please contact IDRT WAR Room at 952-8883 or 952-8884 with questions.

Directions and notice to visitors
When the COVID-19 Community Level in a county where a Federal facility is located is MEDIUM or HIGH as defined by the CDC, visitors may be asked to attest to their vaccination status by being able to present a completed Certification of Vaccination form while in that Federal facility. Please note that consistent with CDC guidance, agencies may have different or additional COVID-19 workplace safety protocols for people in specific work settings, such as healthcare or congregate settings, including protocols that vary based on an individual’s COVID-19 vaccination status.

You may be asked to show this form and/or information from a health screening upon entry to a Federal facility, and/or to a Federal employee who is sponsoring your visit. You may be asked to show this form as part of your in-person participation in a Federally hosted meeting, event, or conference. Please maintain this form during your visit.

If you are entering to obtain a public service or benefit and are not fully vaccinated, you must comply with all relevant CDC guidance, however using this form and following any requirement to show proof of a negative COVID-19 test do not apply to you.

Please contact IDRT WAR Room at 952-8883 or 952-8884 with questions.

Directions and notice to Federal employees visiting a Federal agency other than their employing agency
When the COVID-19 Community Level in a county where a Federal facility is located is MEDIUM or HIGH as defined by the CDC, Federal employees visiting a Federal agency other than their employing agency should be treated as visitors for the purposes of COVID-19 workplace safety
protocols and should attest to their vaccination status by being able to present a completed Certification of Vaccination form while in that Federal facility. Please note that consistent with CDC guidance, agencies may have different or additional COVID-19 workplace safety protocols for people in specific work settings, such as healthcare or congregate settings, including protocols that vary based on an individual’s COVID-19 vaccination status.

You may be asked to show this form and/or information from a health screening upon entry to a Federal facility controlled by a Federal agency other than your employing agency, and/or to a Federal employee who is sponsoring your visit. You may be asked to show this form as part of your in-person participation in a meeting, event, or conference hosted by a Federal agency other than your employing agency. **Please maintain this form during your visit.**

Making a false statement on this form could result in an adverse personnel action against you, up to and including removal from your position.

Please contact IDRT WAR Room at 952-8883 or 952-8884 with questions.