



# VACCINE ATTESTATION

HUMAN RESOURCE SERVICES  
UVM.EDU/HRS



<https://www.uvm.edu/hrs/employee-covid19-vaccination-requirement> This form is only to be used for employees who are, despite attempts, unable to locate their vaccine documentation. Do not use this form for exemption requests. Exemption request forms can be found [here](#).



## EMPLOYEE INFORMATION

Employee Name		Employee ID No.:	
Department:		Position No.:	

I, the undersigned, attest that:

- I have lost and am otherwise unable to produce one of the other forms of acceptable proof of my receipt of the COVID-19 vaccine; and
- despite attempts to obtain a copy, I have been unable to do so.

To the best of my knowledge, I received:

Vaccine	Product/Manufacturer <i>(Pfizer, Moderna, J&amp;J, Other)</i>	Date Received	Location or Healthcare Provider
1 <sup>st</sup> Dose			
2 <sup>nd</sup> Dose			
Booster			

I further attest that I was fully vaccinated as of / / . Fully vaccinated means at least two weeks have passed since receiving the final dose of a CDC approved or a WHO emergency use authorized vaccine.

I certify that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties.

I further acknowledge that I have been provided a copy of the Occupational Safety and Health Administration's Fact Sheet entitled, "[Information for Employees on Penalties for False Statements and Records](#)".

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_