

WEST CARROLL HEALTH SYSTEMS

COVID-19 Vaccination Status Self-reporting Form

This form is to be used to self-report COVID-19 vaccination status. You may decline to disclose your vaccination status. However, if you choose to disclose your status, that information must be accurate. WCHS may request additional information to verify the information reported on this form, as needed.

Please provide no further information than what is directly asked of you below. Do not submit any additional medical or family history information in response to any question on the form.

Please reach out to your department head with any questions related to this form or COVID-19 vaccination policies.

Employee Name <i>(Printed)</i>	Job Title/Department

Please check one of the following and complete any additional follow-up fields:

- I am fully vaccinated (attach copy of card)

_____		___/___/___ and ___/___/___
Vaccine manufacturer		Dates of vaccination
<i>(e.g., Pfizer-BioNTech, Moderna or Johnson & Johnson)</i>		<i>(MM/DD/YYYY)</i>

- I am partially vaccinated (*i.e.*, received only one dose of a two-shot regimen), **and** ...

> Circle one:

I (**do** | **don't**) intend to receive my final vaccine dose.

- I am currently unvaccinated.
- I have a medical exemption.
- I have a religious exemption.
- I do not wish to disclose my vaccination status.

I attest that the above information is accurate and truthful.

Employee Signature	Date