**NECA Attestation of COVID-19 Vaccination**

For purposes of this attestation, you are considered “fully vaccinated” two weeks after receiving the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. When completing this form, do not provide any medical information. Simply fill in your name, check the appropriate box, sign, and date.

If you have not been vaccinated, you do not need to complete this form or provide any information related to why you may not have received a COVID-19 vaccine. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated for purposes of CDC and Cal OSHA rules/requirements that are different for vaccinated or unvaccinated persons.

My name/company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I attest that (check only one box):

* I am fully vaccinated.
* I received the second dose of a two-dose COVID-19 vaccine or a single dose of a one-dose COVID-19 vaccine less than two weeks ago on \_\_\_\_\_\_\_\_\_\_\_\_
* I decline to provide this information.

I understand that I am required to provide accurate information in response to the questions above. I hereby affirm that I have accurately and truthfully answered the questions above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature Date