

COVID-19 VACCINATION STATUS

The City of Oakley (“City”) takes the health and safety of its employees seriously. In order to plan our operations and ensure we have the necessary information to enforce applicable workplace standards, the Human Resources Department will be maintaining records of employees who have received, or plan to receive, the COVID-19 vaccine.

Please complete and return this form to Human Resources. **Please answer only the questions indicated by checking the boxes and, other than the dates, do not provide any additional information.** This form (along with any vaccination card provided) will be maintained in your confidential medical file:

Employee Name: _____

Position: _____ **Department:** _____

Fully Vaccinated

- I am fully vaccinated.
- I received a single dose vaccine on the following date: _____.
- I received a two-dose vaccine on the following dates: _____ and _____.

Please provide HR with a copy of your vaccination record.

Partially Vaccinated

- I am partially vaccinated and am scheduled to receive my second dose on _____.

Note: After your vaccine series is complete, please provide HR with a copy of your vaccination record.

Plan to be Vaccinated

- I intend to be vaccinated and have an appointment scheduled for _____.
- This is a single dose vaccine.
- This is a two-dose vaccine.
- I intend to be vaccinated and do not yet have an appointment scheduled.***

HR will follow-up with you to obtain a copy of your completed vaccination record.

[Form Continues on Next Page]

Do Not Intend to be Vaccinated

[] I do not intend to be vaccinated.

If you should change your response, please submit an updated copy of this form to HR.

By signing below, I represent and confirm that the information provided on and with this form is true and accurate.

Signature

Date