



Today's Date: _____

Full Name: _____

Employee ID number: _____

Vaccine Attestation

Please complete this form to attest that you have received the COVID-19 vaccination and are fully vaccinated.

Vaccine Certification

I certify that I have been fully vaccinated against COVID-19. Full vaccination means it has been two weeks since receiving both doses of either the Pfizer or Moderna vaccine, or after the single dose of the Johnson & Johnson vaccine.

Date of COVID-19 Vaccination: _____

Signature

By printing and signing my name below, I declare under the penalty of perjury in the State of California that the information stated above is true and accurate. In addition, I agree to comply with all City of Riverside and Cal/OSHA guidelines related to COVID-19.

Print Name

Signature

Date