



Certification of Vaccine Status Program

The County of Imperial has created a Certification of Vaccine Status program in accordance to newly adopted Cal-OSHA guidance. The purpose of this procedure is to allow “fully vaccinated” employees the option of not wearing a face covering while at work.

For purposes of this certification, employees are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (i.e., Pfizer or Moderna) or two weeks after receiving a single dose from a one-dose vaccine (i.e., Johnson & Johnson).

Participation is voluntary. However, employees that are not fully vaccinated or decline to provide vaccination status, must continue to wear a face covering at work (desk area, hallways, restroom, break room, etc.). Employees in the process of getting the vaccine will also be required to wear a face covering at work until such time that they meet the definition of being “fully vaccinated”.

To participate in this program, complete the Certification of Vaccine Status form and email it to countyvaccinationrecord@co.imperial.ca.us. You will also need to submit proof of vaccination with your form. Your form will not be processed without proof of vaccination.

Human Resources will review the information and send you a confirmation email that you have complied with the requirements to participate in this program.

Do not include additional information other than that contained on your COVID-19 Vaccination Record Card. The form and proof of vaccination will be kept in your confidential medical file within Human Resources. Your department will only receive confirmation that you have submitted the necessary information to participate in this program. Please allow 48 hours for processing.



Certification of Vaccine Status

Employee Full Name:
Department:
Job Title:
Email Address:

The County of Imperial will no longer require **fully vaccinated** employees to wear face coverings at their work site (desk area, hallways, restroom, break room, etc.).

For purposes of this certification, you are considered “**fully vaccinated**” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g. Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g. Johnson & Johnson).

By signing below, I, (Employee Full Name) _____ affirm that I am fully vaccinated. My final required dose was on _____.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I further understand that failure to follow the required safety protocols consistent with my vaccination status may lead to disciplinary action, up to and including termination.

*I also understand that if I stated that I am fully vaccinated, I am **required** to provide a copy of my vaccination card or other similar document confirming vaccination status. Otherwise, it will be determined that I am not fully vaccinated and I will be required to wear a face covering at work.*

Signature: _____

Date: _____

Return completed Certification of Vaccine Status form and proof of vaccination directly to

countyvaccinationrecord@co.imperial.ca.us

Your form will not be processed without proof of vaccination.

Please allow 48 hours for processing