

EMPLOYEE VACCINATION CERTIFICATION

Five Colleges, Inc. Employee Name:

Today's Date:

FIVE COLLEGES, INCORPORATED VACCINATION POLICY (effective June 2, 2021)

FCI recognizes that vaccines are one of the most effective methods for creating a safe work environment and for reducing risk of COVID-19 infection, and that large-scale vaccination among FCI staff will support FCI's work and the goals of the campuses that we all support. In order to ensure that FCI staff are able to perform their work with minimal restrictions and to move freely among our member campuses, FCI's vaccination expectations will be shaped by the most restrictive policies of the campuses. As a result, **FCI will require all eligible members of the FCI staff to be vaccinated against COVID-19 by August 1, 2021.**

Staff will be asked to show proof of vaccination (or to certify an appropriate medical or religious exemption) in a confidential manner; FCI does not intend to store copies of vaccination records. Employees should note that campuses may require some FCI staff to comply with site-specific and/or role-specific policies, which may be based on vaccination status. In addition, this vaccination requirement may be extended to approved COVID-19 booster vaccines.

The information you provide on this form will be considered confidential.

SELF-ATTESTATION

Attach your initials to the one option that best reflects your current vaccination status:

	<p>I am fully vaccinated and have been for more than two weeks. I have received the full course of a COVID-19 vaccine, and my final dose was 14 or more days ago. I will present my vaccination card for a visual review upon request.</p>
	<p>I am fully vaccinated and am in the two-week waiting period. I have received the full course of a COVID-19 vaccine, and my final dose was fewer than 14 days ago. I will present my vaccination card for a visual review upon request.</p>
	<p>I am partially vaccinated. I have not yet received the final dose of a COVID-19 vaccine. After my final dose, I will present my vaccination card for a visual review upon request. My final dose is scheduled for _____ (date).</p>
	<p>I will apply to be exempt from this policy for one of the following qualifying reasons:</p> <p><input type="checkbox"/> Medical reason.</p> <p><input type="checkbox"/> Religious reason.</p>

CERTIFICATION

I attest that the statements provided here are true and correct. I understand that any false statements, falsified documents, or deliberate omission of information could lead to disciplinary action.

Employee Signature:

Date: