

Self-Attestation of Vaccination Status

Employee Last Name: _____

Employee First Name: _____

Date of Birth: _____



By signing below, you are self-attesting that you are fully vaccinated. Fully vaccinated is defined as having received, at least 14 days prior the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

Under Cal OSHA regulations, the employer must document whether an employee is fully vaccinated, and can rely on the employee's self-attestation of their vaccine status.

If you chose to sign this form, it will be maintained by Plumas County to comply with the Cal OSHA regulations.

There is no requirement to self-attest, however, if you decline to complete this form, Plumas County cannot consider you to be fully vaccinated under Cal OSHA mandates. In that case, you must continue to comply with the Cal OSHA mandates and the County COVID-19 Prevention Program, which requires that you wear a face covering or respirator in most indoor settings and in vehicles, and you will remain subject to workplace exclusion procedures and COVID testing requirements following a COVID-19 close contact.

Please initial below if true and you wish to self-attest:

_____ I am fully vaccinated.

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.

Signature: _____

Date: _____