



## DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818 • 916/733-0100 • Fax 916/733-0195

LAY PERSONNEL

### **Self-Certification of COVID-19 Vaccine Status**

The Diocese of Sacramento continues to strive to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees. As part of this effort, we have implemented certain safety protocols. Consistent with California Dept. of Public Health, CDC, and Cal OSHA guidance, those employees who have been fully vaccinated against COVID-19 will be excused from some of these protocols. For this reason, the diocese is requesting that you provide us with your COVID-19 vaccination status.

For purposes of this inquiry, an individual is considered “fully vaccinated” two weeks or more after their second dose of Pfizer/Moderna or two weeks after receiving the single dose J&J vaccine, as recommended by the manufacturer. Other vaccines may also qualify in the future, provided they have been similarly authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization.

Please note that you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will have no choice but to treat you as unvaccinated for purposes of rules or requirements in the workplace that are different for fully vaccinated or unvaccinated persons.

In lieu of this Self-Certification, employees may present a copy of their completed COVID-19 Vaccination Record Card. All information provided will be confidentially maintained in compliance with all applicable law.

#### **Declaration of COVID-19 Vaccine Status**

Employee Name: \_\_\_\_\_

I attest that have received my COVID-19 vaccinations and I am fully vaccinated as of \_\_\_\_\_

*By signing below, I certify that I have accurately and truthfully declared that I am fully vaccinated against COVID-19. I understand that the diocese may request supporting documentation (e.g., a copy of my vaccine card) to verify that status. I also understand that if I have not been truthful in providing this self-certification, or if I do not follow the required safety protocols consistent with my vaccination status, I am subject to disciplinary action, up to and including termination.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date