

CONFIDENTIAL MEDICAL RECORD

Employee Name: _____

Employee Number/ID: _____

I _____, attest that I am fully vaccinated against COVID-19. It has been at least 14 days since I received the second dose in a two-dose vaccine series, or a single dose vaccine.

Optional

_____, an authorized Company representative of, has viewed the original, copy or an image of the vaccination card, and a copy [is being kept in a confidential file] [is not being kept on file].

_____ (Sign)

_____ (Date)