COVID-19 VACCINATION STATUS VOLUNTEER SELF-CERTIFICATION

First/Last Name:_____

Volunteer Site(s) in the 2022-23 School Year:_____

In accordance with CDPH's Health Order (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx) (8/11/21), school workers who are unvaccinated (ie. not vaccinated, partially vaccinated, or decline to state) are required to be tested at least once weekly.

Note:

1. "School workers" refers to all paid and unpaid adults serving in the school settings.
2. Workers are considered fully vaccinated two weeks or more after they have received the second dose in a two-dose series of Pfizer or Moderna vaccines or a single-dose of the Johnson and Johnson vaccine.
3. Workers who are not fully vaccinated or who have not submitted documentation of such will be considered unvaccinated for official purposes and are not exempted from the testing requirement even if they have medical issues preventing vaccination, since they are still potentially able to spread the illness.
4. Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
5. Workers may be tested with either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. For testing resources, visit the MHHS website: https://coronavirus.marinhhs.org/testing.

Please check mark the statement below that accurately describes your vaccination status.	
	I am fully vaccinated and boosted, if applicable (please provide a copy of your vaccination card to the school office).
	I received my first dose of the Pfizer or Moderna vaccine but will not be getting my second dose.
	I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago.
	I received my first dose of Moderna or Pfizer, and my second appointment is scheduled.
	I am eligible for my booster but will not be getting it.
	I have not yet been vaccinated, but I have already scheduled an appointment to receive my first dose of vaccine.
	I have not been vaccinated (please refer to item #5 above).
	I decline to answer whether I have been vaccinated (please refer to item #5 above).

I hereby affirm that I have accurately and truthfully selected the statement above.

Signature: _____ Date:_____