



City of Madison COVID-19 Vaccination Attestation Form

The City of Madison is requiring all employees to provide an acceptable form of proof they are fully vaccinated against COVID-19 or participate in weekly testing.

An individual is considered fully vaccinated two weeks after their second dose in a 2-dose COVID-19 vaccination series approved by the U.S. Food and Drug Administration (“FDA”) or the World Health Organization (“WHO”); or two weeks after a single-dose COVID-19 vaccine approved by the FDA or the WHO.

Employees who are fully vaccinated against COVID-19 are required to provide acceptable proof of their vaccination status. This information will be used to confirm whether the employee is fully vaccinated against COVID-19 and whether the employee may be exempt from mandatory COVID-19 testing.

Getting vaccinated and/or submitting to weekly COVID-19 testing is a condition of employment with the City. Employees who do not show proof of full vaccination against COVID-19 and fail to participate in routine COVID-19 screening testing as required by the policy, are subject to disciplinary action, up to and including discharge. In addition to discipline, employees failing to comply with these requirements may be refused entry to the workplace, sent home from the workplace, and placed in no-pay status until compliance with this policy is demonstrated.

All employees shall complete this form and return it to their designated agency contact no later than Friday, October 1, 2021.

Employee Name _____

Employee Number _____ **Department** _____

- I have been fully vaccinated against COVID-19 and have attached the following proof of full COVID-19 vaccination (select one):
- A copy of both side of my CDC COVID-19 vaccination card; or
 - A copy of my Personal Immunization History showing my COVID-19 vaccination from the Wisconsin Immunization Registry.
- I have not been fully vaccinated against COVID-19. As such, I understand I shall be required to undergo weekly testing.

I understand I am required to provide true and accurate information in response to the questions above and that failure to do so may result in disciplinary action. By signing below, I certify that I have accurately and truthfully answered the questions above. I understand that submitting counterfeit or fraudulent information regarding my vaccination status may be grounds for immediate termination. I also understand that 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