

Section I: Self- Certification of COVID-19 Vaccination Status (Select One)

- I certify that I have received an approved vaccine and that my COVID-19 vaccination status is current. I understand that may be expected to provide supporting documentation to this effect immediately upon request. I further understand that for purpose of this certification, I am only considered fully vaccinated two week after complete the second does of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two week after receiving a single does of a one-dose vaccine (e.g., Johnson & Johnson/Janssen) and that I should not check this box and certify myself until I am fully vaccinated.

Manufacturer: _____

Date Received 1st Dose: _____

Date Received 2nd Dose: _____

Date Received Booster (if applicable): _____

Facility: _____

City: _____

State/Province/Region: _____

Country: _____

- I certify that I qualify for a medical exemption and have not received a COVID-19 vaccine, nor do I plan to. I under that I may be expected to provide supporting documentation to this effect immediately upon request.

- I certify that I qualify for a religious exemption and have not received a COVID-19 vaccine, nor do I plan to. I under that I may be expected to provide supporting documentation to this effect immediately upon request.

- I confirm that at this time I will not be physically accessing or performing work at CSU facilities but understand that if this changes, I must certify that I am either current on my COVID19 vaccination status or that I qualify for a medical or religious exemption.

Section II: Self-Attestation of Accuracy of Information Provided

- I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty, may subject me to discipline pursuant to [California Ed Code 89535](#).

Section III: Attachments: Proof of COVID-19 Vaccination

Upload a copy of your proof of COVID-19 Vaccination along with this certification form to the secured Dropbox link below. An example of proof is a COVID-19 Vaccination Record Card, QR Code from the State of California, letter from health care provider, etc.

[Proof of COVID-19 Vaccination Secured Folder](#)

Supporting documentation for medical and/or religious exemptions must be uploaded to the secured Human Resources Dropbox link below. If you have any question, please contact Amanda Dodd at adodd@csudh.edu or (310) 243-2373.

[Medical and Religious Documents Secured Folder](#)

By signing this form, I attest that I am fully vaccinated for COVID-19 consistent with the above definition or that I have requested a medical/religious exemption and all documents will be uploaded to the secured Dropbox folders provided.

Signature: _____

Date: _____