



Vaccine Self-Attestation Form

Employee/Student ID: _____

Employee/Student Name: _____

Vaccine or Declared Exemption Reason *(Please check all that apply):*

- Johnson & Johnson / Janssen
- Moderna
- Pfizer-BioNTech
- Other COVID-19 Vaccine (name) _____

- Exemption - Medical
- Exemption - Philosophical
- Exemption – Religious

Vaccination or Exemption Date *(required)*

- If you received the Johnson/Johnson Vaccine - enter date in date field 1 only
- If you are declaring an exemption from vaccination, enter the date you are submitting this form in date field 1

Date of 1st Vaccination: _____

Date of 2nd Vaccination: _____

Please Check the Following Boxes to Confirm *(required)*

- I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification.

- I acknowledge that knowingly providing incorrect information may result in disciplinary action.

Employee/Student Signature

Date

Students – May turn form into Student Services Administration in Bldg. 7 or email kray@tacomacc.edu
Employees – May turn form into Human Resources in Bldg. 14 or email humanresources@tacomacc.edu