

**2021 Employee Wellness Program  
COVID-19 Vaccination Affidavit Form**

Employee or Employee's Spouse Full Name: \_\_\_\_\_

**This form shall serve as my affidavit that I completed my COVID-19 vaccination.** I have attached a receipt/vaccine card from vaccine administrator below.

**Please do NOT include any personal medical information with this form.**

\_\_\_\_\_  
Employee/Employee Spouse Signature

***This COVID-19 Vaccination Form confirms that the individual named above received a COVID-19 vaccination between January 1, 2021 - December 31, 2021.***

***All fields (employee/spouse name, employee/spouse signature, date completed, and receipt or vaccination card) must be included in order for credit to be awarded.*** In order to receive credit for your COVID-19 vaccination, you must be fully vaccinated. If you receive a vaccine that requires two shots, you will need to wait until you've received the second shot before you can submit this form. If you receive a COVID-19 vaccine that requires only one dose, then you can submit this form and receipt/vaccination card after the one shot.

DATE COMPLETED:	_____ COVID-19 Vaccination
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***Please attach receipt or vaccination card here:***

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives our information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.