CONFIDENTIAL – EMPLOYEE VACCINATION STATUS ROSTER

Instructions: Complete the following table for **all** employees. Vaccination records and this roster are considered to be confidential employee medical records, which must be kept separate from employee personnel files. They must not be disclosed except as required or authorized by OSHA's Vaccination and Testing Emergency Temporary Standard (ETS) or other law, including the Americans with Disabilities Act (ADA). Retain this record and employees' acceptable proof of vaccination status until November 5, 2022.

Definitions:

- Employees are considered "fully vaccinated" two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses.
- Employees are considered "partially vaccinated" if they have started a primary vaccination series but not completed it (e.g., have received one dose of a two-dose series) or have completed their primary vaccination and two weeks have not elapsed since the last dose of the primary vaccination.
- Acceptable proof of vaccination status is:
  - (i) The record of immunization from a health care provider or pharmacy;
  - (ii) A copy of the COVID-19 Vaccination Record Card;
  - (iii) A copy of medical records documenting the vaccination;
  - (iv) A copy of immunization records from a public health, state, or tribal immunization information system;
  - (v) A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s);
  - (vi) Only in instances where an employee is unable to produce acceptable proof of vaccination (i.e., (i)-(v) above), a completed, signed and dated copy of ***Attachment A (Self-Attestation of Vaccination Status)***.
  - (vii) Prior to November 5, 2021, if vaccination status was ascertained through another form of attestation or proof, and records of that ascertainment were retained, those records of ascertainment of vaccination status constitute acceptable proof of vaccination.

Employee Name	Is employee fully vaccinated? [Y/N] If Y, provide type of vaccine, date(s) of administration, and name of health care professional(s) or clinic site(s) administering the vaccine(s).	If employee is not fully vaccinated, is employee partially vaccinated? [Y/N] If Y, provide type of vaccine, date(s) of administration, and name of the health care professional(s) or clinic site(s) administering the vaccine(s).	If fully or partially vaccinated, what form of acceptable proof of vaccination status was provided? [Enter (i) – (vii) as set forth above]	Is employee not fully vaccinated due to medical/religious accommodation? [Y/N]	If employee has an accommodation, has required paperwork been completed? [Y/N]	Is employee not fully vaccinated because employee has not provided acceptable proof of vaccination status? [Y/N]