













**Appendix**

**COVID-19 Vaccination Declaration – MUNICIPAL EMPLOYEE**

I, \_\_\_\_\_, continue to be committed to the safety of our municipal team members and clients, including protecting our community from COVID-19. Along with our existing public health and personal protective measures, the COVID-19 vaccine is the most effective way to protect ourselves and our residents, colleagues and community from COVID-19.

It is important that my employer knows the vaccination status of team members to ensure a safe environment for everyone who works with me or comes in my contact while at work.

As per Policy, team members are required to submit a record of vaccination and/or declare their vaccination status to my Supervisor by completing this COVID-19 Vaccination Declaration.

If you have questions about the declaration of COVID-19 status policy, please contact your Supervisor.

**Employee Name:** \_\_\_\_\_ (please print)

**Declaration**

- Vaccinated - I have been vaccinated already and have/will provide a record of vaccination to my Supervisor.
- Decline – Medical reason: I am declining to be vaccinated due to medical reasons and will provide written proof by either a physician or nurse practitioner to my Supervisor.
- Decline – Not getting the vaccine: I am declining to receive the COVID-19 vaccination. I understand that it is recommended I receive the COVID-19 vaccination to protect myself and the residents I care for. I further acknowledge that I have completed the COVID-19 Educational Module.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_