

Employee COVID-19 Vaccination Self-Attestation Form

Executive Office employees should use this form to report their vaccine status or an approved exemption.

You will need:

Please have the following information available before you complete this form.

1. Your employee ID (If you do not know your employee ID, please contact your agency HR or the [Employee Service Center](#).)
2. Your vaccination card or your medical record (the form will be asking for which vaccine you received and the dates of all your vaccination shots): OR
3. An already approved exemption from your agency.

CONTACT

MassHR Employee Service Center

Phone

(617) 979-8500

Hours of operation: Monday - Friday 6:30 a.m. - 5:30 p.m.

Toll Free (855) 447-7778

Online

MassHREmployeeServiceCenter@mass.gov

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[more contact info >](#)

COVID-19 Vaccination Employee Self-Attestation Form

In accordance with Executive Order 595, Executive Department employees are required to demonstrate that they have received COVID-19 vaccination by October 17, 2021. Employees may thereafter be required to demonstrate that they continue to maintain COVID-19 vaccination in accordance with the CDC's Advisory Council on Immunization Practices recommendations as those recommendations may be updated (e.g., staff shall obtain all recommended boosters.) This form is provided to employees for purposes of attesting to their compliance with the Executive Order and Policy.

YOU ARE REQUIRED TO SUBMIT THIS FORM BY OCTOBER 17, 2021. DO NOT SUBMIT THIS FORM IF YOU HAVE NOT YET RECEIVED EITHER (1) THE FULL REQUIRED REGIMEN OF DOSES OF A COVID-19 VACCINE; OR (2) AN APPROVED EXEMPTION FROM YOUR AGENCY.

Instructions:

- Fill out all required fields before attempting to submit the form.
- MAKE SURE THAT YOU ENTER YOUR EMPLOYEE ID ACCURATELY. An error in your employee ID number will require additional verification of your attestation. If you are not sure what your employee ID number is, STOP and ask your HR office for assistance locating your employee ID number.
- Make sure that your email address is correct. You may use your personal email. You will receive a confirmation of your submission to the email address you provide on this form.
- Before clicking on the submit button, make sure that your entire submission is complete and accurate.

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Employee Information

Name *

First Name

Middle Name
(optional)

Last Name

Home Address *

Address Line 1

Address Line 2

City

State

ZIP Code

Is your mailing address different from your home address? *

Yes

No

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Date of Birth *



Employee ID Number *

Confirm Employee ID Number *

Email *

Confirm Email *

This email will be used to send a confirmation of the information you submit.

Phone *

Best number to reach you if we have questions.

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Secretariat*

- Executive Office of Administration and Finance
- Executive Office of Education
- Executive Office of Energy and Environmental Affairs
- Executive Office of Health and Human Services
- Executive Office of Housing and Economic Development
- Executive Office of Labor and Workforce Development
- Executive Office of Public Safety & Security
- Executive Office of Technology Services and Security
- Governor's Office
- Massachusetts Department of Transportation

Agency*

- Department of Early Education and Care
- Department of Elementary and Secondary Education
- Department of Higher Education
- Executive Office of Education

Attestation

In accordance with Executive Order 595, I hereby agree and attest that:

- I have received the full required regimen of vaccine doses of a COVID-19 vaccine (two doses of the Pfizer/Moderna vaccine or one dose of the Johnson & Johnson vaccine). I also acknowledge that I may be required to maintain COVID-19 vaccination through receipt of booster shots in accordance with the CDC's Advisory Council on Immunization Practices recommendations as those recommendations may be updated from time to time. I authorize the Department of Public Health to disclose my COVID-19 vaccination status from the Massachusetts Immunization Information System (MIIS) to HRD to confirm my vaccination status. I further authorize HRD to review my MIIS information, take necessary steps to validate my representation and, if necessary, engage my agency in further compliance efforts. In the event no match is found in MIIS, I agree to provide acceptable proof of vaccination upon request. I recognize that I may be found to be out of compliance with the vaccination requirement if I cannot provide acceptable proof of my vaccination status. This authorization is valid for the duration of my employment, provided that Executive Order 595 remains in effect. OR
- I have received written approval from my employing agency for an exemption because I have a documented medical condition that makes vaccination medically contraindicated; or because of my objection to vaccination based on my sincerely held religious beliefs.

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Electronic Signature

The above representation of my vaccination status is true and accurate. I acknowledge that false or misleading representations in this Self-Attestation shall result in my immediate termination from employment or rescission of any offer for employment.

Signed under the pains and penalties of perjury,

Please type your First and Last Name *

First Name

Last Name

Date *



SUBMIT FORM