



# Proof of Vaccination by USDA Employees

*Version 2.0*

Pursuant to Executive Order 14043 all Federal employees must be fully vaccinated by November 22, 2021, regardless of where they are working, unless they have a legally required exemption. Employees are considered fully vaccinated 2 weeks after they have received the requisite number of doses of COVID-19 vaccine approved or authorized for emergency use by the U.S. Food and Drug Administration or that have been listed for emergency use by the World Health Organization. For vaccines that require 2 doses, an employee is fully vaccinated 2 weeks after the employee has received the second dose. For a single dose vaccine (i.e., Johnson and Johnson (J&J)/Janssen), an employee is fully vaccinated 2 weeks after receiving a single dose.

Pursuant to this policy, you must submit Proof of Vaccination no later than November 9, 2021.

Below are interim deadlines that will ensure employees are two weeks from their last dose and thus fully vaccinated by the November 22nd deadline—

- October 11: First dose deadline (Moderna COVID-19 vaccine)
- October 18: First dose deadline (Pfizer COVID-19 vaccine)
- November 8: Second dose deadline (Moderna and Pfizer vaccine)
- November 8: First (only) dose deadline (Johnson and Johnson COVID-19 vaccine)
- November 22: Federal employees must be fully vaccinated

Please contact your supervisor with questions.

## Proof of Vaccination

**Please complete the information below that coincides with your vaccination status and provide proof of vaccination. Then return this form to your First-Line Supervisor.**

**Employee's First-Line Supervisor:**

### **Vaccination Status**

**I have received a first dose.** Vaccine: Date:

**I have received a second dose.** Vaccine: Date:

**I have not been vaccinated.**

**I have sought a religious or reasonable accommodation.**

Note: Checking this box is not considered a request for a religious or reasonable accommodation. Employees must contact their supervisor or Human Resources Religious or Reasonable Accommodation Coordinator to request a religious or reasonable accommodation.

### **Employee Information**

Employee First Name:

Employee Last Name:

## Privacy Act Statement

**Authority:** We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 5 U.S.C. chapters 11, and 79.

**Purpose:** This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, OPM/GOVT-10, Employee Medical File System of Records, [75 Fed. Reg. 35099 \(June 21, 2010\)](#), amended [80 Fed. Reg. 74815 \(Nov. 30, 2015\)](#).

**Consequence of Failure to Provide Information:** Employees must certify under penalty of perjury that the documentation they are submitting is true and correct. Providing this information is mandatory. If you fail to provide this information within the requested timeframe, you will be subject to administrative action, up to and including removal from Federal Service.

## Proof of Vaccination

Please attach a copy of your vaccination card once the required doses are completed. Proof of vaccination means a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation containing required data points. The document submitted must identify 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). Employees may provide a digital copy including, for example, a digital photograph, scanned image, or PDF of such a record that clearly and legibly displays the information stated above.

**I attest that the information provided in this form is accurate and true to the best of my knowledge.**

Employees must certify under penalty of perjury that the information they are submitting is true and correct, including proof of vaccination.

\_\_\_\_\_  
Your printed name here

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

**COIDC AD's**

**Submit completed form and copy of vaccination card to: [jada.altman@usda.gov](mailto:jada.altman@usda.gov)**

## Revision History

Version	Date	By	Notes
0.1	6/30/21	Nathan Harvey, Sara Bleich	Initial draft.
0.2	7/12/21	Debra Buescher	Formatted and edited for hard copy.
0.3	7/27/21	Debra Buescher	Revised and edited for hard copy.
0.4	8/10/21	Debra Buescher	Revised and edited text per Sara Bleich.
0.5	8/17/21	Keith Sessions	Minor edits and format revisions. Converted to PDF form. Fillable fields added.
1.0	8/18/21	Keith Sessions	Final edits made. Final version published.
2.0	9/24/21	Keith Sessions	Revised throughout to reflect changes in online version.