

COVID-19 Vaccination Employee Self-Attestation Form

In accordance with Executive Order 595 encouraging independent agencies and authorities to follow the mandates contained in the Order, MassTech 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.

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 and submit the form to Chief Human Resources Officer, Holly Lucas Murphy, at lucasmurphy@masstech.org.

Employee Name:	
Email:	
Phone:	

Attestation:

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 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.

Yes No

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.

Print Name:	
Signature:	
Date:	