

COVID VACCINE STATUS CERTIFICATION

Name: _____

Organization or Company (if applicable): _____

Email Address: _____ Cell Phone Number: _____

Reason for Visit today: _____

By signing below, I hereby certify that:

- I am fully vaccinated
 - 2 doses of Pfizer/Moderna (please select one) more than 2 weeks ago
 - OR
 - 1 dose of J&J/Janssen more than 2 weeks ago,
- I am not fully vaccinated with FDA Authorized COVID vaccine

Date: _____ Signature: _____