VA | U.S. Department of Veterans Affairs

COVID-19 VACCINATION FORM

I am a VA: ☐ Employee ☐ Volunteer ☐ Other (ex: Trainee, Resident, Intern, Fee Basis, or Researcher)

Please indicate: _____

CHECK THE STATEMENT(S) FOR WHICH YOU MEET THE CRITERIA AND COMPLETE AND SIGN THE LAST SECTION OF THIS FORM PRIOR TO SUBMISSION TO YOUR SUPERVISOR. PLEASE READ THE DESCRIPTIONS BELOW TO LEARN THE CRITERIA TO REQUEST A MEDICAL OR RELIGIOUS EXCEPTION. YOU MAY SELECT MEDICAL EXCEPTION, RELIGIOUS EXCEPTION, OR SELECT BOTH IF YOU MEET THE CRITERIA FOR BOTH A MEDICAL AND RELIGIOUS EXCEPTION.

☐ FULLY VACCINATED *(Required documentation attached):*

I have received a complete COVID-19 vaccine series. Please complete the following information:

Type of vaccine administered:

- ☐ ASTRAZENECA/OXFORD
- ☐ JOHNSON AND JOHNSON (J&J)/JANSSEN
- ☐ MODERNA
- ☐ PFIZER
- ☐ OTHER

Date(s) of Administration: _____ _____

Name of health care professional, clinical site, or vaccination event that administered the vaccine:

_____

To verify the information entered, please attach a copy of the documents showing you received your vaccine(s). Acceptable forms of documentation include a copy of:

- The signed record of immunization from a health care provider or pharmacy,
- COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020),
- Record of immunization from a health care provider or pharmacy;
- Medical records documenting the vaccination; or
- Immunization records from a public health or state immunization information system.

☐ FULLY VACCINATED *(Attached is a VA Form 10-5345 to authorize Employee Occupational Health to release my COVID-19 vaccination record to verify my vaccination status)*:

I have received a complete COVID-19 vaccine series and was vaccinated by the Veterans Health Administration (VHA). I authorize VHA to use and disclose my health information as related to the care and treatment for infection with COVID-19, including test results and vaccination status, to certain personnel of the Department of Veterans Affairs (VA) who have a need for the information in the performance of their duties, to promote the health and safety of the Federal workforce and the efficiency of the civil service.

☐ MEDICAL EXCEPTION:

I have a medical exception to receiving the COVID-19 vaccination and am requesting a reasonable accommodation. This submission will be used to notify my supervisor to initiate the reasonable accommodation process. Approval of the requested accommodation is subject to the outcome of the reasonable accommodation process. If the accommodation is approved, I acknowledge that according to requirements and guidelines within the VA Notice, Mandatory Coronavirus Disease 2019 (COVID-19) Vaccination Program for VA Employees, I must:

- Wear a face mask;
- Physically distance;
- Submit to COVID-19 testing;
- Be subject to Government-wide travel restrictions on official travel; and
- Any other mitigation strategies required as part of the accommodation.

☐ RELIGIOUS EXCEPTION:

I have a sincerely held religious belief that prevents me from receiving the COVID-19 vaccine and am requesting a reasonable accommodation. This submission will be used to notify my supervisor to initiate the reasonable accommodation process. Approval of the requested accommodation is subject to the outcome of the reasonable accommodation process. If the accommodation is approved, I acknowledge that according to requirements and guidelines within the VA Notice, Mandatory Coronavirus Disease 2019 (COVID-19) Vaccination Program for VA Employees I must:

- Wear a face mask;
- Physically distance;
- Submit to COVID-19 testing;
- Be subject to Government-wide travel restrictions on official travel; and
- Any other mitigation strategies required as part of the accommodation.