



COUNTY OF HUMBOLDT
HUMAN RESOURCES & RISK MANAGEMENT
 825 5th Street, Suite 100, Eureka, CA 95501-1153
 Personnel Services Main Line: (707) 476-2349
 Risk Management Services Main Line: (707) 268-3669

COVID-19 VACCINATION ACKNOWLEDGMENT

Last Name _____ First Name _____

Employee ID _____

Under amended California Occupational Safety and Health Agency (Cal/OSHA) COVID-19 Safety Emergency Temporary Standards (ETS) effective June 17, 2021, employers, including the County of Humboldt (County), may allow fully vaccinated employees, contractors and volunteers who work at County worksites to not wear face coverings (masks) indoors under most settings. Cal/OSHA ETS requires that the County document the vaccination status of employees, contractors, and volunteers who work onsite at County facilities.

Employees, contractors and volunteers who provide this completed vaccination acknowledgment will be deemed to be fully vaccinated and, effective June 18, 2021, they may go unmasked in most situations indoors and outdoors at County worksites. Individuals for whom the County does not have a completed vaccination acknowledgment will be assumed to be unvaccinated and must continue to wear face coverings (masks) at County worksites per Cal/OSHA, exceptions may apply. Upon request, the County will provide N95 masks (respirators) for voluntary use by unvaccinated employees.

If you choose to voluntarily complete this COVID-19 Vaccination Acknowledgment form, you are required to provide accurate information about your COVID-19 vaccination status. Alternatively, you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, Cal/OSHA ETS requires the County to assume you are unvaccinated for purposes of workplace masking requirements.

For purposes of this declaration, you are considered "fully COVID-19 vaccinated" two (2) weeks after receiving the second dose of a two-dose COVID-19 vaccine (Pfizer or Moderna) or two (2) weeks after receiving a single dose of a one-dose COVID-19 vaccine (Johnson & Johnson/Janssen).

Please check the statement below to confirm your COVID-19 vaccination status:

I am fully vaccinated.

I understand that I am required to provide accurate information and hereby affirm that I have accurately and truthfully answered the question above.

Signature

Date

[Submit completed form to County Human Resources/Risk Management
riskmanagement@co.humboldt.ca.us]