



FORM 13.1 Mandatory COVID-19 Vaccination Disclosure Status Form

I, _____, disclose that my status related to
(print name)

COVID-19 Vaccination is:

I am Fully Vaccinated against COVID-19 (received one dose of a single dose vaccination program or two doses of a two dose vaccination program, with the last dose being at least 14 days prior to today).

I am Partially Vaccinated against COVID-19 (received one dose of a two dose vaccination program, or the final dose is less than 14 days prior to today).

I am currently not vaccinated against COVID-19.

I prefer not to disclose my vaccination status. I understand that I will be considered unvaccinated for the purposes of this policy.

(Signature)

(Date)