

Self-Certification of COVID-19 Vaccination Status

Event: Advocacy & Policy Conference, March 6 & 7, 2022 | Sacramento

First Name:_____

Last Name:_____

By signing below, I, (name of attendee) ______ affirm that I am fully vaccinated. My final dose was on _____.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I further understand that failure to follow the required safety protocols consistent with my vaccination status may lead to disciplinary action, up to and including termination.

Include a photo of your vaccination card or digital vaccine record with this document.

Signature:_____

Date:_____

POLICY STATEMENT

A signed Certification of Vaccination Status in which the attendee states they have been fully vaccinated and includes photo documentation will be sufficient to allow attendance at the conference.