

5. In Section I, populate the applicable checkbox:



6. Fully vaccinated employees will be required to provide:

- Vaccinemanufacturer
 - Johnson & Johnson
 - Moderna
 - Not Listed Single-Dose Vaccine
 - Not Listed Two-Dose Vaccine
 - Pfizer

If a “Not Listed Single-Dose Vaccinē or “Not Listed Double-Dose Vaccinē is selected, you will be required to identify the name of the vaccine manufacturer

- For “Not Listed”, please specify the name of the manufacturer
- Datefirst dose was received
- Date second dose was received (for 2 dose series only)
- Booster was received (if applicable)

Location Data:

- Facility name
- City
- State / Province / Region
- Country

*Listed Vaccine Manufacturer

Please provide the following information:

Your COVID-19 vaccine: Pfizer

*Date Received 1st Dose: 04/01/2021

*Date Received 2nd Dose: 05/20/2021

City: San Leandro

State/Province/Region: CA

Country: United States

***Not Listed Vaccine Manufacturer**

Please provide the following information:

Manufacturer: For Not Listed, please specify the manufacturer.

1st Dose Received at Location:

2nd Dose Received at Location:

Location of Vaccination Received:

Verify (if known):

City:

State:

Zip:

7. Review and populate the checkbox in Section II: Self-Attestation of Accuracy of Information Provided

Section II: Self-Attestation of Accuracy of Information Provided

I certify that the information I have provided is accurate and truthful to the best of my knowledge.

[Education Code Section 89535.](#)

8. Please upload a copy of your Vaccination Record Card only in Section III –Attachments: Proof of COVID19 Vaccination

9. Click the “Attach” button to add an attachment

Section III: Attachments: Proof of COVID-19 Vaccination

Upload a copy of your proof of COVID-19 vaccination. An original form with a stamp from the State of California, letter from a health care provider, etc.

10. Click the “Choose File” button to upload a copy of your previously saved COVID19 Vaccination Record Card

File Attachment

Choose File

Cancel Upload

11. Click the “Upload” button to upload your file

File Attachment

Choose File Vaccination Test.docx

Upload Cancel

12.