

**Employee Vaccination Program Ascertainment Form**  
**(revised July 28, 2021)**

**Section 1 – Disclosure of Vaccination Status**

*[All Personnel must complete this Section]*

Please complete this section in order to provide your vaccination status. This information must be kept confidential by the entity consistent with privacy laws.

*Check only one box in this section:*

- I want to be vaccinated. I have not yet received a vaccine for COVID-19 and wish to get information about becoming vaccinated. I understand that I will need to update this form once my vaccination is complete, and until then I will be required to comply with the conditions for Personnel who are not Fully Vaccinated. More information about vaccination is available online at [sf.gov/covid-19-vaccine-san-francisco](https://sf.gov/covid-19-vaccine-san-francisco).
- I am in the process of being vaccinated. I have started the process of receiving a vaccine/vaccine series for COVID-19. Until two weeks after the final dose, I understand that I will be required to comply with the conditions for Personnel who are not Fully Vaccinated and that I will need to update this form once my vaccination is complete.

The date when I expect to be fully vaccinated (2 weeks after the final dose) is: \_\_\_\_\_

- I am Fully Vaccinated. I have completed my COVID-19 vaccination process. Below is the information about my vaccination series:

My date of birth: \_\_\_\_\_

Vaccine manufacturer:

- Johnson & Johnson/Janssen (1 dose)
- Moderna (2 doses)
- Pfizer (2 doses)
- Other (list manufacturer): \_\_\_\_\_

Date(s) of vaccine administration (list date of first dose and, if applicable, second dose): \_\_\_\_\_

- I decline to be vaccinated and am eligible for an exemption. I do not wish to be vaccinated and meet one of the two criteria for vaccination exemption in Health Officer Order C19-07. I understand that I will be required to comply with the conditions for Personnel who are not Fully Vaccinated, and I may change my mind at any time. **Please note:** employees who choose this option must refer to the Order for specific requirements and a Sample Employee Declination Form found at [www.sfdph.org/dph/alerts/files/C19-7-Safer-Return-Together-Health-Order.pdf](http://www.sfdph.org/dph/alerts/files/C19-7-Safer-Return-Together-Health-Order.pdf) and [attached](#). All required forms – including where applicable a signed Healthcare Provider Supporting Statement – must be provided before a request for declination is considered complete. Personnel are considered out of compliance with the vaccination program if they fail to completely fill out, sign, and submit all applicable forms and documents.

I decline to state my vaccination status because the City/SFMTA has not bargained in good faith over this mandate with my union, SEIU Local 1021. I understand that by declining to state my status, the City/SFMTA will treat me as “unvaccinated” for purposes of COVID-19 safety protocols. This is protected, concerted activity. The City/SFMTA cannot take any adverse action against me for exercising my right under the CalOSHA regulations and the State Public Health Officer’s Order to decline to state my status.



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**Section 2 – Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_