

Rock Staffing Employee Attestation of COVID-19 Vaccination

As part of our efforts to provide a safe workplace, Rock Staffing is tracking the number of employees who have received the COVID-19 vaccine. Please complete this form to let us know whether and when you have received the vaccine. We are asking for dates of the vaccination to help determine when each employee is considered fully vaccinated. When completing this form, do not provide any medical information, or any other information related to why you may not have received a COVID-19 vaccine. Simply fill in your name, check the appropriate box, sign, and date. If your situation changes in the future, please provide an updated attestation then.

My name is _____, and I attest that (check only one box):

- I received the complete series of the COVID-19 vaccine as of _____ (enter date).

Note: The Pfizer and Moderna vaccines are a two-dose series and Johnson & Johnson's is a single-dose vaccine.

- I received the first dose of a two-dose COVID-19 vaccine on _____ (enter date only) and expect to receive the second dose on _____ (enter date only).
- I have not received a COVID-19 vaccine (please do not provide any additional information).

Employee Signature

Date