

## Employee Verification of COVID-19 Vaccination

Facial coverings remain required in the workplace unless the employee has been vaccinated, and the employer decides that relaxed mask requirements are appropriate for its workplace. Washington's Labor & Industries (LNI) requires employers to verify employees' vaccination status if it allows employees to choose to no longer wear masks or refrain from social distancing. For more information, please visit <https://www.lni.wa.gov/agency/outreach/novel-coronavirus-outbreak-covid-19-resources>. We have decided to allow employees the option of completing this form to confirm they have been vaccinated or choose to continue to wear masks and follow social distancing guidelines.

LNI's guidance specifically requires us to be able to demonstrate we have verified vaccination status for workers who are not masked or physically distanced. To verify your vaccination status, please provide:

[Note to employer: Choose one bullet, delete the other.]

- *A picture or copy of your CDC Vaccination Card, note from your doctor verifying CDC vaccination card, or documentation from the state immunization information system. OR*
- *Your signature below verifying your vaccination status, after showing proof of vaccination to \_\_\_\_\_. [HR, Safety Officer. Should not be direct supervisor; at a minimum, should be a manager].*
  - *Proof of vaccination includes your CDC Vaccination Card, note from your doctor verifying vaccination card, or documentation from the state immunization information system.*

All medical documents, including copies of your CDC Vaccination Card or similar medical verification, will be kept in a confidential file. However, LNI does have the right to inspect our records to verify that workers who are not wearing masks are vaccinated.

By signing below, I, \_\_\_\_\_ [Print Name],

Confirm that I have provided valid proof of vaccination, so I am able to no wear a facial covering in the workplace. [Note, if you have exceptions, please add, e.g., "unless directly serving guests."]

Choose not to submit proof of vaccination, and I understand I must continue to wear a facial covering in the workplace. I also understand that if I would like to request a reasonable accommodation for a disability or a bona fide religious belief, I should contact Human Resources.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

By signing below, I verify that I have reviewed the above employee's proof of vaccination, and I believe it to be true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT JOB TITLE

[Original to Confidential Medical File, subject to inspection by LNI].