

Sample Personnel Vaccination Program Ascertainment Form
(Revised August 12, 2021)

NOTE: This sample form is provided by way of example and is not legal advice to any Business. Any Business that implements a vaccination program should consult its own legal counsel regarding the content of any such program. But, as outlined by Sections 4, 6, and Appendix B to Health Officer Order No. C19-07y (including as that order is updated in the future), the required vaccination program for Personnel in High Risk Settings, Personnel in certain additional health care settings, and staff at certain indoor Businesses must include ascertainment of vaccination status addressing the issues included in this sample form.

COVID-19 MANDATORY VACCINATION
DISCLOSURE FORM

As stated in Sections 4, 6, and Appendix B to Health Officer Order No. C19-07y (including as that order is updated in the future), all Personnel or staff who work in High Risk Settings, certain additional health care settings, and certain indoor Businesses in the City and County of San Francisco are required to be fully vaccinated for COVID-19. As noted by the United States Equal Employment Opportunity Commission and California Department of Employment and Fair Housing, any person who has either (1) a medical condition or disability that prevents taking the vaccine or (2) a sincerely held religious belief, practice, or observance that prevents the person from taking the vaccine may be entitled to a reasonable accommodation.¹ Under Order C19-07, operators of these businesses must ascertain the vaccination status of all Personnel or staff and may be required to allow Personnel or staff who meet the criteria for exemption to decline the mandatory vaccination and instead follow the mandatory requirements for unvaccinated individuals listed in the Order (which include wearing a Well-Fitted Mask at all times other than when actively eating or drinking and being Tested weekly—refer to the Order for specific requirements and a Sample Employee Declination Form found at www.sfdph.org/dph/alerts/files/C19-07-Safer-Return-Together-Health-Order.pdf).

Directions: All Personnel or staff must complete Section 1 (Disclosure of Vaccination Status) below unless the business operator otherwise obtains the required information, and anyone completing Section 1 must also complete Section 2 (Signature).

¹ For more information, see www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws and www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf.

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Section 1 – Disclosure of Vaccination Status

[All Personnel or staff must complete this Section]

Each operator of a High Risk Setting and certain additional health care and indoor business settings in the City and County of San Francisco is required by Health Officer Order No. C19-07 to ascertain the vaccination status of all Personnel (including employees, contractors, and volunteers) or, where applicable, staff who routinely work onsite, and all such Personnel or staff are required to disclose their vaccination status. 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.
- 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 or staff who are not Fully Vaccinated unless or until I am able to be fully vaccinated. **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/C19-07-Safer-Return-Together-Health-Order.pdf. 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.

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Section 2 – Signature and Attestation

[All Personnel or staff who complete any section of this form must complete this Section]

I declare under penalty of perjury under the laws of the State of California that the statement(s) in Section 1 above are true and correct.

Signature: _____

Date: _____

Printed name: _____

Location (City and State) where signed: _____

Sample Personnel Vaccination Program Declination Form
(Revised August 12, 2021)

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COVID-19 MANDATORY DECLINATION FORM

As stated in Sections 4, 6, and Appendix B to Health Officer Order No. C19-07y (including as that order is updated in the future), all Personnel or staff who work in High Risk Settings, certain additional health care settings, and certain indoor Businesses in the City and County of San Francisco are required to be fully vaccinated for COVID-19. As noted by the United States Equal Employment Opportunity Commission and California Department of Employment and Fair Housing, any person who has either (1) a medical condition or disability that prevents taking the vaccine or (2) a sincerely held religious belief, practice, or observance that prevents the person from taking the vaccine may be entitled to a reasonable accommodation.¹ Under Order C19-07, operators of these businesses must ascertain the vaccination status of all Personnel or staff and must allow Personnel or staff who meet the criteria for exemption to decline the mandatory vaccination and instead follow the mandatory requirements for unvaccinated individuals listed in the Order (which include wearing a Well-Fitted Mask at all times other than when actively eating or drinking and being Tested weekly—refer to the Order for specific requirements).

Directions: All Personnel or staff must complete a separate Disclosure of Vaccination Status (found at www.sfdph.org/dph/alerts/files/C19-07-Safer-Return-Together-Health-Order.pdf) unless the business operator otherwise obtains the required information. Any Personnel or staff seeking to decline vaccination must also complete Section 1 (Vaccine Declination) and Section 2 (Signature) of this form. **Please note:** Personnel and staff who choose the declination option must fill out all applicable forms. All required forms – including, where applicable a signed Healthcare Provider Supporting Statement – must be provided before a request for declination is considered complete. Personnel and staff are considered out of compliance with the vaccination program if they fail to completely fill out, sign, and submit all applicable forms and documents.

¹ For more information, see www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws and www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf.

Sample Personnel Vaccination Program Declination Form
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Section 1 –Vaccine Declination

[All Personnel or staff seeking an exemption from vaccination must complete this Section]

By completing this Section 1, I am declaring that I am unable to be vaccinated for COVID-19 on the following basis (check all that apply):

- Medical/Disability Accommodation:** I have a medical condition or disability that prevents me from being able to take any COVID-19 vaccine. *NOTE:* To be eligible for this exemption, I understand that I must also provide to my employer (or the Business where I work or volunteer) a written statement signed by a **physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician**, stating that I qualify for the exemption (but the written statement should not describe the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent, so indicate). I may use the next page of this form for that purpose.

- Religious Belief Accommodation:** I have a sincerely held religious belief, practice, or observance that prevents me from taking any of the FDA authorized or approved COVID-19 vaccines.

Section 2 – Signature and Attestation

[All Personnel or staff who complete any section of this form must complete this Section]

I declare under penalty of perjury under the laws of the State of California that the statement(s) in Section 1 above are true and correct.

Signature: _____

Date: _____

Printed name: _____

Location (City and State) where signed: _____

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COVID-19 MANDATORY VACCINATION DECLINATION
Healthcare Provider Supporting Statement

In order for a person who works, provides services, or volunteers in High Risk Settings, certain additional health care settings, and certain indoor businesses in the City and County of San Francisco to qualify for a Medical/Disability Accommodation to the requirement to receive a COVID-19 vaccination, their healthcare provider (only a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician) must complete the following form to be provided by the person to their employer or other Business location where they work or volunteer. *NOTE – Do not state that nature of the underlying medical condition or disability.*

Name of person seeking
a medical/disability exemption: _____

Date of birth of person seeking exemption: _____

Name of physician, nurse practitioner, or
other licensed medical professional
practicing under the license of a physician: _____

Anticipated duration of medical condition/disability
(or indicate if the duration is unknown or permanent): _____

By completing and signing this form, I certify that my client/patient listed above should not receive the COVID-19 vaccine due to (*explain the specific contraindication to vaccination here, but do not identify the underlying medical condition or disability – attach a separate sheet or statement if necessary*):

I certify the above information to be true and accurate, and I request exemption from the COVID-19 vaccination for the above-named individual.

Signed by: _____

Dated: _____

License number: _____

Contact info (address and telephone number): _____

If practicing under the license of a physician,
name and license number of physician: _____