



**COVID-19 VOLUNTARY VACCINATION
RECORD AND ACKNOWLEDGEMENT FORM**

I have received the City's "COVID-19 Voluntary Vaccination Policy". I understand that while I have received vaccination against COVID-19, I am still required to abide by applicable CalOSHA, CDC, and state or local public health workplace mandates/guidelines, including the use of face coverings/personal protective equipment (PPE), proper hygiene/hand washing, cleaning/disinfecting, and maintaining physical/social distancing, so long as said mandates are in effect.

- I have completed vaccination against COVID-19.
(Please attach a copy of your vaccination card to this form)

Employee Name: _____

Employee Signature: _____

Date: [Click or tap to enter a date.](#)