



Adelanto Elementary School District

ATTESTATION FORM FOR THE COVID-19 VACCINE

BOARD OF TRUSTEES
Christine Turner, President
La Shawn Love-French, Clerk
Holly Eckes, Member
Christina Bentz, Member
Ammie Hunter, Member

SUPERINTENDENT
Kennon Mitchell, Ph.D

COMPLETED FORM MUST BE RETURNED TO:

Cherie Humphrey, District Office Human Resources Receptionist

Please check the appropriate box for your status of vaccination (this includes the 2nd dose of Pfizer/Moderna or the one dose J&J vaccine).

I am fully vaccinated against COVID-19. I have completed both vaccine doses for either Pfizer or Moderna, or one vaccine dose for J&J and waited the requisite time thereafter.

Vaccine Manufacturer: _____

Date(s) of Doses: _____; _____

I am partially/incompletely vaccinated.¹

Vaccine Manufacturer: _____

Date of Dose: _____

I am not yet vaccinated, but COVID-19 vaccination appointment is scheduled.¹

I am not vaccinated against COVID-19.

I decline to attest to vaccination for COVID-19.

I understand that if I decline to attest to vaccination, or if I am not fully vaccinated, I must undergo weekly surveillance testing (diagnostic screening testing) for COVID-19 and must abide by all other District health requirements and policies.

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in disciplinary action. By signing below, I certify that I have accurately and truthfully answered the questions above.

Name: _____ Job Title: _____
(Print/Type)

Signature: _____ Date: _____

¹ Persons checking this box must complete and submit a new Attestation Form within 72 hours of receiving their second dose or first dose of the J&J vaccine.