

**District of Maryland
COVID-19 Vaccination Status Attestation**

Please sign and complete this self-attestation concerning your COVID-19 vaccination status. You need not provide any medical information in this form, nor any explanation concerning your decision to receive or not to receive a vaccine. For purposes of this form, being “fully vaccinated” means that two weeks have passed after the second dose of a two-dose vaccine (Pfizer and Moderna) or that two weeks have passed after the one-dose vaccine (Johnson and Johnson).

If you believe you are entitled to an exemption from the vaccine requirement, you will need to request it in writing from the Chief Judge of the District Court submitted to your Court Unit Executive. Employees who are not vaccinated and have not received an exemption or decline to disclose their status will be required to undergo twice-weekly COVID testing, must maintain social distance at all times, will have restrictions on work-related travel, and will be required to wear masks at all times in the Courthouses and Probation Offices, without exception. Upon full FDA approval of a vaccine that is widely available, unvaccinated employees will be in violation of Court policy unless they have been granted an exemption.

Name:

Court Unit: District Court

Date:

Please choose from one of the following options:

1. I am fully vaccinated.
2. I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago on [date].
3. I received my first dose of Moderna or Pfizer, and my second appointment is scheduled for [date].
4. I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine on [date].
5. I have not been vaccinated.
6. I decline to disclose my vaccination status.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, my employer may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

Electronic or Ink Signature