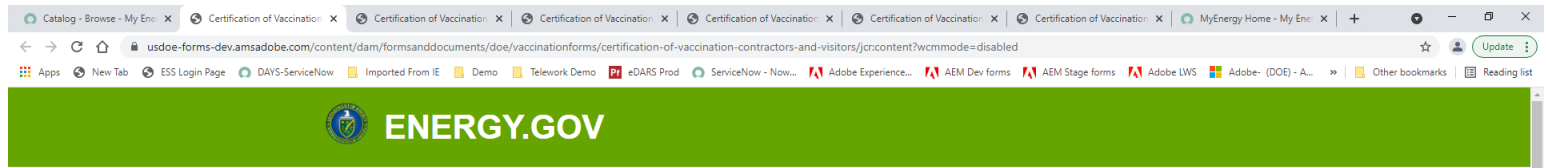


DOE F 231.2 Certification of Vaccination – DOE Onsite Support Service Contractor Employees-Final



Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

DOE F 231.2 OMB Control Number - 1910.XXXX

Certification of Vaccination - DOE Onsite Support Service Contractor Employees

The purpose of this form is to take steps to prevent the spread of COVID-19 and to protect the health and safety of all Department of Energy (DOE) employees as well as DOE contractor employees who perform work in a Federal government owned or leased facility (pre-COVID-19), are embedded with DOE staff, and are employees of a support service contractor (also referred to as "onsite support service contractor employees"). This form is for use by onsite support service contractor employees, even if those contractor employees are not currently accessing Federal buildings during the COVID-19 pandemic (e.g., on telework, travel). If you fail to submit this signed attestation or take any required COVID-19 test, you may be denied entry to a Federal facility or, as directed by your employer under the terms of its contract with DOE and consistent with any applicable collective bargaining agreement, no longer be permitted to work on the contract.

Name	Email Address
<input type="text" value="Johnny Dicus"/>	<input type="text" value="johnny.dicus@hq.doe.gov"/>
Departmental Element	Organizational Placement
<input type="text"/>	<input type="text"/>
Sub-Organization	My Duty Location
<input type="text"/>	<input type="text" value=""/>

My Vaccination Status

By checking the box below, I declare that the following statement is true:

I am fully vaccinated.

The Centers for Disease Control and Prevention considers an individual fully vaccinated if they are:
2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine
If you don't meet these requirements, regardless of your age, you are not fully vaccinated.

I am not yet fully vaccinated.

I am not yet fully vaccinated.

Either I have received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago.

I have not been vaccinated.

If you are not vaccinated due to medical or religious reasons, please check either "I have not been vaccinated" or "I decline to respond."

I decline to respond.

I attest that the information provided in this form is accurate and true to the best of my knowledge.

I understand that if I decline to respond or am not fully vaccinated, I must comply with the following safety protocols while in a Federal facility:

- Wear a mask regardless of the level of community transmission;
- Physically distance; and
- Provide proof of having received a negative COVID-19 test from within the previous 3 days.

I sign this document under penalty of perjury that the above is true and correct, and that I am the person named below. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking "I decline to respond" does not constitute a false statement. I understand that as an employee of an onsite support services contractor, making a false statement on this form could result in my employer enforcing any rights they may have against me, including discontinuing my working on the support services contract, consistent with any applicable collective bargaining agreement.

Paperwork Reduction Act Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DOE/PRA@hq.doe.gov (subject line: Certificate of Vaccination, OMB Control Number 1910.XXXX).

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is voluntary.



Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

Directions and notice to employees who perform work in a Federal government owned or leased facility, are embedded with DOE staff, and are employees of a support service contractor (onsite support service contractor employees)

Consistent with guidance from the Centers for Disease Control and Prevention (CDC) and the Safer Federal Workforce Task Force, has established specific safety protocols for fully vaccinated people and not fully vaccinated people, respectively.

In areas of low or moderate transmission, as defined by CDC, fully vaccinated people generally can safely participate in most activities, indoor or outdoor, without needing to wear a mask or maintain physical distance, and do not need to undertake regular testing—please note that consistent with CDC guidance, DOE may have different protocols for fully vaccinated people in specific work settings, such as healthcare settings. In areas of high or substantial transmission, everyone, including fully vaccinated people, must wear a mask consistent with Federal requirements.

Onsite support service contractor employees who disclose that they are fully vaccinated will comply with DOE guidance for fully vaccinated individuals. Onsite support service contractor employees who are unvaccinated, are not fully vaccinated, or who choose not to provide vaccine information are required to comply with CDC and DOE guidance for not fully vaccinated individuals, including wearing masks regardless of the transmission rate in a given area, physical distancing, regular testing, and adhering to applicable travel restrictions. These requirements are to prevent the spread of COVID-19 to protect the health and safety of our workforce. Making a false statement on this form could result in an adverse personnel action against you, up to and including removal from your work on the contract.

Pursuant to 5 U.S.C. § 552a(e)(3), this **Privacy Act Statement** informs you of why you are being asked to provide this information.

Authority: DOE is authorized to collect the information requested on this form pursuant to the Atomic Energy Act of 1954, (42 U.S.C. 2051a), section 31a; the Economy Act of 1932, as amended, (31 U.S.C. section 1535); 42 U.S.C. 7101 et seq.; 50 U.S.C. 2401 et seq. This information is being collected to implement Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021) in line with the requirements of the Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980); 5 U.S.C. chapters 11, and 79.

Purpose: This information is being collected and maintained to promote the safety of Federal buildings and the Federal and onsite support service contractor workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety, Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Pursuant to 5 U.S.C. § 552a(e)(3), this **Privacy Act Statement** informs you of why you are being asked to provide this information.

Authority: DOE is authorized to collect the information requested on this form pursuant to the Atomic Energy Act of 1954, (42 U.S.C. 2051a), section 31a; the Economy Act of 1932, as amended, (31 U.S.C. section 1535); 42 U.S.C. 7101 et seq.; 50 U.S.C. 2401 et seq. This information is being collected to implement Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021) in line with the requirements of the Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980); 5 U.S.C. chapters 11, and 79.

Purpose: This information is being collected and maintained to promote the safety of Federal buildings and the Federal and onsite support service contractor workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety, Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Uses: The Information requested on this form is intended primarily for internal DOE purposes, to include helping to ensure that social distancing between vaccinated and unvaccinated individuals is maintained and other pandemic-related safety requirements are met. To this end, the vaccination status of individuals accessing Federal facilities may be shared with other individuals with a need to know for reasons to include: they manage building and/or facility access or are responsible for planning meetings and overseeing work assignments, etc. In certain circumstances, it may be necessary to disclose this information externally. Examples include: physicians; the U.S. Department of Labor; various state departments of labor and industry groups; contractors to (a) ascertain suitability of an employee for job assignments with regard to health (b) provide benefits under federal programs or contracts and (c) maintain a record of occupational injuries or illnesses and the performance of regular diagnostic and treatment services to patients; DOE contractors in performance of their contracts, and their officers and employees who have a need for the record in the performance of their duties; the appropriate local, state or federal agency when records alone or in conjunction with other information, indicates a violation or potential violation of law whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program pursuant thereto; members of DOE advisory committees; the Department of Health and Human Services Advisory Committee on Projects Related to Department of Energy Facilities; and to designated employees of Federal, State, or local government or government-sponsored entities authorized to provide advice to the Department concerning health, safety or environmental issues. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, DOE-33, Personnel Medical Records, 74 Fed. Reg. 993, 1032 (January 9, 2009).

Additional Information: Respondents are not required to provide supporting documentation with this for. Do not submit a copy of a vaccination card or other medical documentation at this time.

Consequence of Failure to Provide Information: Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.

Please contact COVID-19inquiries@hq.doe.gov or by calling 202-586-2683 (202-586-COVID) with questions.

Reset

Save



ENERGY.GOV

Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

Signature Step

Adobe Sign

Options Certification of Vaccination ... Next Required 1

DOEF 231.2

U.S. DEPARTMENT OF ENERGY

OMB Control No. 32
Exp. Feb. 5, 2022

Certification of Vaccination - DOE Onsite Support Service Contractor Employees

The purpose of this form is to take steps to prevent the spread of COVID-19 and to protect the health and safety of all Department of Energy (DOE) employees as well as DOE contractor employees who perform work in a Federal government owned or leased facility (pre-COVID-19), are embedded with DOE staff, and are employees of a support service contractor (also referred to as "onsite support service contractor employees"). This form is for use by onsite support service contractor employees.

Language: English US © 2021 Adobe. All rights reserved. Terms Consumer Disclosure Trust Cookie preferences

Reset Save



ENERGY.GOV

Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

Signature Step

Adobe Sign

Options Next Required 1

Draw or take a picture of your signature using your mobile device.

Johnny Dicus

Clear

Close Apply

Reset Save



Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

Signature Step

Adobe Sign

Options Certification of Vaccination ... Required fields completed

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to any penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information carries a currently valid OMB control number.

Click to change

Signature: Johnny Dicus

Email: johny.dicus@hq.doe.gov

By signing, I agree to both this agreement and the [Consumer Disclosures](#). My use of Adobe Sign is governed by the [Adobe Terms of Use](#).

[Click to Sign](#)

[Reset](#) [Save](#)



Certification of Vaccination – DOE Onsite Support Service Contractor Employees

Certification Guidance Signature Summary

Submission Summary

Thanks servicenow-663710887 for submitting the certification-of-vaccination-contractors-and-visitors form.
Your reference number is
Submitted form can be downloaded from the [Link](#)

[Reset](#) [Save](#)