

**VACCINATION AND ATTESTATION DOCUMENTATION FORM**

Government-wide policy requires all Federal employees and staff, including unpaid interns, unpaid legal fellows, individuals working under an intergovernmental personnel agreement, members of advisory committees, and other unpaid individuals performing functions at the behest of and for the Federal Communications Commission (FCC), to be vaccinated against COVID-19, with exceptions only as required by law. The FCC may also ask for other information, as needed. The FCC is required to keep confidential any medical information provided, subject to the applicable Rehabilitation Act standards. Employees who receive an exception or a delay from the vaccination requirement must comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

**Privacy Act Statement**

**Authority:** The authority to collect this information derives from General Duty Clause; Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970 (29 U.S.C. 654); Executive Order 12196, Occupational safety and health programs for Federal employees (Feb. 26, 1980); Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; OMB Memorandum M 21-15, COVID-19 Safe Federal Workplace: Agency Model Safety Principles (Jan. 24, 2021), as amended; and the National Defense Authorization Act For Fiscal Year 2017 (5 U.S.C. 6329c(b)). Information will be collected and maintained in accordance with the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.).

**Purpose:** The FCC collects information in this system to assist with maintaining a safe and healthy workplace, to protect FCC staff and visitors from risks associated with a public health emergency, such as a pandemic or epidemic, and to comply with mandates regarding travel, vaccination, testing, building occupation, etc.

**Routine Uses:** The FCC may release information contained in this system to other individuals and entities when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: to federal, state, and local health agencies to the extent necessary to comply with laws and regulations governing reporting of infectious disease; to the FCC staff member's emergency contact for purposes of locating a staff member during a public health emergency or to communicate that the FCC staff member may have potentially been exposed to an infectious disease as the result of a pandemic or epidemic while visiting a FCC facility; to comply with federal laws requiring disclosure of the information contained in our records; to comply with requests from Congress; to other federal agencies or to other administrative or adjudicative bodies before which the FCC is authorized to appear; to federal, state, or local law enforcement when FCC becomes aware of an indication of a violation or potential violation of a civil or criminal statute, law, regulation, or order; to Federal agencies, non-Federal entities, their employees, and agents for the purpose of detecting and preventing fraud, waste, and abuse in Federal programs; to appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information related to this system of records; and, to third parties, including

contractors, performing or working on a contract in connection with providing services to the Federal Government, who may require access to this system. A complete list of the routine uses can be found in the system of records notice associated with this collection, FCC/OMD-33, Ensuring Workplace Health and Safety in Response to a Public Health Emergency, 86 Fed. Reg. 32674 (June 22, 2021).

**Consequence of Failure to Provide Information:** Providing this information is required and failure to do so may result in disciplinary action for federal staff and/or being denied access to FCC facilities. In providing this information, the submitter authorizes release of the information pursuant to the routine uses set forth in the systems of record notice.

We have estimated that your response to this collection of information will take an average of 15 minutes or 0.25 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-XXXX). We will also accept your PRA comments via the Internet if you send an e-mail to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. For those respondents who are not current paid employees of the FCC (e.g., incoming employees, unpaid interns, unpaid legal fellows, individuals performing work for the FCC pursuant to an interagency agreement, members of advisory committees, etc.), you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-XXXX. Paid employees of the FCC are required to respond regardless of the presence of an OMB control number and whether this notice has been provided.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

# Vaccination Attestation and Documentation

## Vaccination Status Attestation and Documentation

Name

Please check the box below that coincides with your vaccination status.

**\*\*Choices**


1. I am fully vaccinated. - Employees are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).
2. I am not yet fully vaccinated—I received my first dose of Moderna or Pfizer, or I received my final dose less than two weeks ago.
3. I have not been vaccinated.

Example -

### Vaccination Attestation and Documentation

Vaccination Status Attestation and Documentation

Name

 Raymond Wang

**\* Please check the box below that coincides with your vaccination status.**

☒ I am fully vaccinated.

Employees are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

☐ I am not yet fully vaccinated—I received my first dose of Moderna or Pfizer, or I received my final dose less than two weeks ago.

☐ I have not been vaccinated.

**\* Product Name/Manufacturer**

☒ Pfizer-BioNTech

☐ Moderna

☐ Johnson & Johnson / Janssen

☐ Other

Product Name/Manufacturer

1. Pfizer-BioNTech
2. Moderna
3. Johnson & Johnson / Janssen
4. Other

For Pfizer-BioNTech, Moderna, and Johnson & Johnson / Janssen

First Dose Lot Number

First Dose Date

First Dose Healthcare Professional/Clinic Site

Second Dose Lot Number

Second Dose Date

Second Dose Healthcare Professional/Clinic Site

Example -

\* Product Name/Manufacturer

- ☒ Pfizer-BioNTech  
☐ Moderna  
☐ Johnson & Johnson / Janssen  
☐ Other

\* First Dose Lot Number

333

\* Second Dose Lot Number

\* First Dose Date

2021-09-27 

\* Second Dose Date



\* First Dose Healthcare Professional/Clinic Site

234234

\* Second Dose Healthcare Professional/Clinic Site

For Other Product Name/Manufacturer

Other Vaccine Name

First Dose Lot Number

First Dose Date

First Dose Healthcare Professional/Clinic Site

Second Dose Lot Number

Second Dose Date

Second Dose Healthcare Professional/Clinic Site

Example -

\* Other Vaccine Name

\* First Dose Lot Number

\* Second Dose Lot Number

\* First Dose Date



\* Second Dose Date



\* First Dose Healthcare Professional/Clinic Site

\* Second Dose Healthcare Professional/Clinic Site

Please click on the link below to upload required documentation to prove vaccination. Acceptable documentation includes a copy of the record of immunization from a health care provider or pharmacy; a copy of the COVID-19 Vaccination Record Card; a copy of medical records documenting the vaccination; a copy of immunization records from a public health or state immunization information system; or a copy of any other official documentation containing required data points. The data that must be on any official documentation are the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s); however, if an official immunization record from a public health or state immunization information system does not routinely include the name of the health care professional(s) or clinic site(s), that record may still be

submitted. A digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that clearly and legibly displays the information outlined above is acceptable.

## Proof of Vaccination

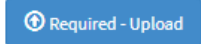
I certify under penalty of perjury that the information on this form and the documentation that I have submitted are true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form or submitting documentation that is not true or correct could result in additional administrative action including an adverse personnel action up to and including removal from my position.

I attest that the information provided in this form and the attached documentation are accurate and true to the best of my knowledge. Executed on 11/5/2021.

## Example –

Please click on the link below to upload required documentation to prove vaccination. Acceptable documentation includes a copy of the record of immunization from a health care provider or pharmacy; a copy of the COVID-19 Vaccination Record Card; a copy of medical records documenting the vaccination; a copy of immunization records from a public health or state immunization information system; or a copy of any other official documentation containing required data points. The data that must be on any official documentation are the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s); however, if an official immunization record from a public health or state immunization information system does not routinely include the name of the health care professional(s) or clinic site(s), that record may still be submitted. A digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that clearly and legibly displays the information outlined above is acceptable.

\* Proof of Vaccination

 Required - Upload

I certify under penalty of perjury that the information on this form and the documentation that I have submitted are true and correct. 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). I understand that making a false statement on this form or submitting documentation that is not true or correct could result in additional administrative action including an adverse personnel action up to and including removal from my position.

\*

☐ I attest that the information provided in this form and the attached documentation are accurate and true to the best of my knowledge. Executed on 11/5/2021.