

Update Profile

Department

SDC, Management/CFO

Primary Facility

Select a primary facility

COVID-19 Vaccination Information

This information helps us assess the overall health of our organization

Which of the following best describes your COVID-19 vaccination status?*

Select an option

CANCEL

UPDATE

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OCC All Locations | Washington, D.C., Washington DC, United States

COVID-19 Vaccination Information

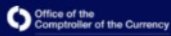
This information helps us assess the overall health of our organization

Which of the following best describes your COVID-19 vaccination status?*

Select an option

Select an option

- Not yet vaccinated and intend to be vaccinated
- Partially vaccinated and awaiting more doses
- Fully vaccinated and completed dose series
- Do not intend to be vaccinated



Information responses until you certify it is true and correct.

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OCC All Locations | Washington, D.C., Washington DC, United States

COVID-19 Vaccination Information

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Which of the following best describes your COVID-19 vaccination status? *

Fully vaccinated and completed dose series

Vaccine Name / Manufacturer *

- Select an option
- Select an option
- AstraZeneca/Oxford COVID-19 Vaccine
- Johnson & Johnson COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Pfizer-BioNTech COVID-19 Vaccine
- Other COVID-19 Vaccine

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(1) A copy of the record of immunization from a health care provider or pharmacy; (2) A copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020); (3) A copy of medical records documenting the vaccination; (4) A copy of immunization records from a public health or state immunization information system; (5) or A copy of any other official documentation containing the required data points.

CANCEL

NEXT

Update Profile

Office of the Comptroller of the Currency will not store your COVID-19 vaccination information responses until you certify it is true and correct.

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OCC All Locations | Washington, D.C., Washington DC, United States

COVID-19 Vaccination Information

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Which of the following best describes your COVID-19 vaccination status? *

Fully vaccinated and completed dose series

Vaccine Name / Manufacturer *

Select an option

This is a single-dose vaccine

1st Dose Date *

mm/dd/yyyy



2nd Dose Date *

mm/dd/yyyy



Documentation to prove vaccination status, even if an employee has previously attested to their vaccination status, include the following options:

*

UPLOAD Drop files here

(1) A copy of the record of immunization from a health care provider or pharmacy; (2) A copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020); (3) A copy of medical records documenting the vaccination; (4) A copy of immunization records from a public health or state immunization information system; (5) or A copy of any other official documentation containing the required data points.

CANCEL

NEXT

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Office of the Comptroller of the Currency will not store your COVID-19 vaccination information responses until you certify it is true and correct.

Review the statement and check the box below to finish

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 could result in additional administrative action including an adverse personnel action up to and including removal from federal service. I certify under penalty of perjury that the information and documentation I have submitted is true and correct.

I intend to sign the acknowledgments and certification above.






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[CANCEL](#)


[FINISH](#)

Current Date: 12/14/2021

Profile Information

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-  SDC, Management/CFO
-  -

Vaccination Status

 Fully vaccinated and completed dose series
Pending verification, reported on 12/14/2021