



### Certification of Vaccination

OMB#: 0925-0771 Expiration date: 03/31/2022

Public reporting burden for this collection of information is estimated to average 5 minute 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. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0771). Do not return the completed form to this address.

### NIH Campus Certification of Vaccination

The purpose of this attestation is to take steps to prevent the spread of COVID-19, to protect the health and safety of all Federal employees, onsite contractors, visitors to Federal buildings or Federally controlled indoor workspaces, and other individuals interacting with the Federal workforce. If you fail to complete this attestation or any required negative COVID-19 test, you may be denied entry to a Federal facility.

Once complete, share your results with the staff member at the campus entrance.

I am completing this document under penalty of perjury that the response is true and correct, and that I am the person completing it. 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 if I am a Federal employee or contractor making a false statement on this form could result in additional administrative action.

We will not store or share your data.

### Terms and Conditions

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. You may be asked to submit this completed form to your employing agency.

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, agencies 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.

Employees who disclose that they are fully vaccinated will comply with agency guidance for fully vaccinated individuals. Employees who are unvaccinated are not

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Employees who disclose that they are fully vaccinated will comply with agency guidance for fully vaccinated individuals. Employees who are unvaccinated, are not fully vaccinated, or who choose not to provide vaccine information are required to comply with CDC and agency 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 position.

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.

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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:** We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 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 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 the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

**Routine Uses:** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the system of records

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**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.

### Directions and notice to Federal contractors

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, agencies 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.

You may be asked to show this form and/or information from a health screening upon entry to a Federal building or Federally controlled indoor worksites, and/or to a Federal employee who is supervising or managing your work on Federal premises. Please maintain this form during your time on Federal premises.

### Directions and notice to visitors

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, agencies 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.

You may be asked to show this form and/or information from a health screening upon entry to a Federal building or Federally controlled indoor worksites. **Please maintain this form during your visit.** You may be asked to show this form as part of your in-person participation in a Federally hosted meeting, event, or conference. If you are entering to obtain a public service or benefit and are not fully vaccinated, you must comply with all relevant CDC guidance, including mask wearing and physical distancing requirements, however this form and the requirement to show a negative COVID-19 test do not apply to you.

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### My vaccination status:

\*Fully vaccinated means you are two weeks out from the last dose needed to complete the vaccination series.

- 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))
- 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

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**OK TO PROCEED**

NIH CAMPUS CLEARANCE

**Valid for:**

**Tuesday, February 1st 2022, 10:17:13 am**

Please show this screen to the staff member at the NIH campus entrance.

Thank you for helping us protect you and others during this time.

**PLEASE NOTE:** If you are proceeding to Building 10 (the NIH Clinical Center), you will be required to complete an additional screening questionnaire.

[Click here to access Building 10 \(NIH Clinical Center\) COVID Screening](#)

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