

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

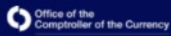
Select an option

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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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

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 MSL-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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SDC, Management/CFO

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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

-  Scott Lowe
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-  SDC, Management/CFO
-  -

Vaccination Status

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