

# Vaccination Status Survey

## UPDATE PRIMARY VACCINATION STATUS



Vaccination Status



## SUBMIT VACCINE BOOSTER STATUS/DOCUMENTATION



## 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 employees. In providing this information, the submitter authorizes release of the information pursuant to the routine uses set forth in the systems of record notice.

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If you are using Assistive Technology and are unable to complete this form please contact  
COVID\_RESPONSE@fcc.gov for immediate assistance.

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[Federal Communications Commission](#)

45 L Street NE

Washington, DC 20554

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[Home](#) > Vaccination Attestation and Documentation

\* Indicates required

## Vaccination Attestation and Documentation

### Vaccination Status Attestation and Documentation

Name



[REDACTED]

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

\* First Dose Lot Number

[REDACTED]

\* First Dose Date

[REDACTED]



\* First Dose Healthcare Professional/Clinic [REDACTED]

Baltimore County Timonium Fairgrounds

\* Second Dose Lot Number



<div>██████████</div>	
<div>* Submit</div>	
Second Dose Date	
<div>██████████</div>	

\* Second Dose Healthcare Professional/Clinic Site  
Required

infor 


██


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 5/23/2022.

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

██

 Upload

 Delete

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 5/23/2022.

---

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45 L Street NE

Washington, DC 20554

Submit

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[Contact Us](#)

Required  
information

I attest that the  
information  
provided in this  
form and the  
attached

Home > Vaccine Booster Shot

\* Indicates required

## Vaccine Booster Shot

Vaccine Booster Shot

\* Name

Product Name/Manufacturer

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

\* Lot Number

\* Booster Shot Date



\* Healthcare Professional/Clinic Site

\* Proof of Booster

\*

☐ 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 5/23/2022.

Submit

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Washington, DC 20554

**Required**[Phone: 1-888-225-5322](#)**Information**[ASL Video Call: 1-844-432-2275](#)**Lot Number**[ASL Video Call: Web](#)**Booster Shot**[Date](#)  
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