

TREASURE VALLEY COMMUNITY COLLEGE

COVID-19 Vaccine Attestation

This form is provided so that employees and students can attest to having received the COVID-19 Vaccine. Sharing this information is voluntary.

Today's Date: _____

Vaccine Certification:

By signing my name below, I certify that I have been fully vaccinated against COVID-19.

“Fully vaccinated” means it has been two weeks since receiving either 1) both doses of either the Pfizer or Moderna vaccine, or 2) the single dose of the Johnson & Johnson vaccine.

Print Name _____

Student/ Employee ID # _____

Vaccination information:

Date(s) of COVID-19 Vaccination: _____

COVID-19 Vaccine Brand: _____

Note: Medical records are maintained confidentially by Human Resources, separate from an employee's general personnel file or student's file. Information will only be shared with those who have a need to know for the purpose of performing their job in relation to health and safety of the campus. Vaccinations may be verified through the state's vaccination database.

I certify that I have taken the COVID-19 vaccination voluntarily and that the benefits of receiving the vaccination has been explained to me and I fully understand and appreciate any dangers, hazards, and risks that may arise. On behalf of myself and my heirs or assigns, I hereby covenant not to sue the Treasure Valley Community College, or its Board, officers, representatives, and employees, and I hereby release, waive, and forever discharge them from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue.

Please attach a copy of your Covid vaccination card for proof of vaccination to this form.

Signature _____