

COVID-19 Vaccination Status Attestation
Northern District of Mississippi

Please complete and sign this attestation regarding your COVID-19 vaccination status. You do not need to provide any medical information on this form other than your vaccination certificate. For purposes of this form, being “fully vaccinated” means that two weeks have passed after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or after receiving the single-dose vaccine (Johnson & Johnson).

Individuals who are not vaccinated will be required to undergo weekly COVID-19 testing and wear a mask when present in our Courthouses and Court facilities.

Name:

Court Unit:

	Please choose from one of the following options:
	I am fully vaccinated.
	I received my first dose of Moderna or Pfizer, and my second appointment is scheduled for .
	I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine on .
	I have not been vaccinated.

Copy of vaccination record attached.

Copy of vaccination record has already been submitted to appropriate Human Resources representative.

I understand that I am required to provide accurate information. Therefore, I hereby affirm that I have provided an accurate and truthful answer above. Should I provide false information, I understand disciplinary action will likely be taken.

Signature - Ink/Electronic

Date