

COVID-19 Vaccine Attestation Form

NOTICE OF INTENT TO COLLECT PRIVATE DATA: COVID-19 VACCINATION STATUS

Because you are a City worker, the City is requesting you to identify your COVID-19 vaccination status. If you are vaccinated against COVID-19, you must present your COVID-19 Vaccination Record Card or an alternative official vaccination record, as proof of your FDA- or WHO-approved COVID-19 vaccination status. This information will be used to confirm whether you are fully vaccinated against COVID-19.

You are not legally required to provide the requested data. If you fail to provide the data, however, you will be considered to be unvaccinated against COVID-19, you may be refused entry to the workplace, will not be allowed to work and may be subject to discharge.

The Minnesota Government Data Practices Act classifies your vaccination status as private personnel data about you. The data collected from you may be shared with staff with a business need to know, and other persons or entities authorized by law.

Vaccine Attestation

Providing false information or records regarding your vaccination status may result in discipline.

By checking here and signing my name below, I certify that I have been vaccinated against COVID-19. By checking here I acknowledge that if I am submitting this form electronically my electronic signature is the legal equivalent of my handwritten signature on this document.

If you decline to certify that you have been vaccinated against COVID-19, you will not be allowed to work, and may be subject to discipline.

Requests for a medical accommodation or religious exemption must be made promptly.



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First Name :	-
_ast Name:	
Employee ID number:	-
f no Employee ID, last 4-digits of your SSN:	
Date of Birth (MM/DD/YYYY):	
Bargaining Unit:	
Department:	
Division (if applicable):	
Position:	
Signature:	
Date (MM/DD/YYYY):	

You must provide a copy (front and back) of your vaccination card by January 14, 2022. A copy of your vaccination card or alternative official vaccination record is required to complete the verification process.

Email this document as an attachment or photo, along with a photo of your vaccine card (front and back) to: vaccine@ci.stpaul.mn.us or deliver a hard copy to your department HR Liaison.