**Note:** Please read the Vaccination Planning Tool before using this form. There is a section on customer mandates which will be helpful. In many cases, it is best to let the customer manage the process/request the information.

**COVID-19 Client Vaccine Status Authorization/Release**

COMPANY NAME is committed to high standards of safety and customer care and has implemented multiple measures to prevent COVID-19 from spreading within our company and from being transmitted to customers.

COMPANY NAME wishes to minimize risk of harm to employee and customer health through a variety of safety protocols and strongly encourages staff to consider vaccination. The company will be educating employees to help them make the right vaccination decision for their family’s health and will continue to require certain safety practices for all employees. This policy is intended to comply with all state and local laws and be in alignment with guidance from the CDC and EEOC. This policy may alter at any time, and the company may choose to mandate vaccines in the future.

Client companies which request COMPANY NAME staff to work onsite may vary in their masking and vaccination requirements based on their assessment of the safety of their customers and staff.

In this case the following client company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requesting that all onsite staff are fully vaccinated (2 weeks past the final shot – 2nd shot in a 2-shot series or 1st shot in a one shot series) prior to being permitted at their worksite.

**Authorization:**

1. I understand that to work at the client company listed above,
2. I will be required to provide proof of my vaccination status to (HR) in order to work for the above client.
3. I understand that my vaccination record will be kept in a private medical file by COMPANY NAME, but that the client company has requested to proof of vaccination status to permit me to work onsite.
4. I fully authorize my proof of vaccination/vaccination record to be shared with the client company.
5. I understand that COMPANY NAME has requested that my vaccination proof be kept in accordance with ADA privacy guidelines and will partner with the client company regarding the interactive process for ADA reasonable accommodations and religious accommodations.
6. I understand it is my responsibility to supply vaccination status records which do not include unnecessary medical, personal or genetic information. However, the vaccination information must include dates of vaccination, the fact that it is a COVID vaccine and my name, and it must be from a medical/vaccine authority such as the NC DHHS, a physician, etc.

**IMPORTANT**: I also understand that if I object to getting the vaccine for religious reasons, or if I have a disabling condition which prevents me from getting the vaccine, I should contact (HR). COMPANY NAME is committed to providing reasonable accommodation through an interactive process for all those with disabling conditions as long as the accommodation is not an undue business hardship. COMPANY NAME is also committed to providing religious accommodation when not an undue hardship and when not a safety risk.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_