



Employee or Judicial Officer Vaccination Verification

TO BE COMPLETED BY JUDICIAL OFFICER OR EMPLOYEE

I, _____, verify that I have provided a copy of my COVID-19
(print name)
vaccination card to my local Human Resources Professional on _____.
(date)

Signature

Date

TO BE COMPLETED BY HR

RECEIVED BY:
(Please print)

DATE RECEIVED:

COVID-19 Vaccination Record Card:

YES NO Confirmation that the Name and Date of Birth on COVID-19 card match the employee / judicial officer named above.

Date of 1st Dose of COVID-19 Vaccine: _____

Date of 2nd Dose of COVID-19 Vaccine: _____

Manufacturer: Pfizer Moderna J&J Other: _____

Clinic Site: _____

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:

Signature

Date

Location and Judicial District

CC: Employee or Judicial Officer Personnel File with copy of vaccination card/record