



COVID-19 VACCINATION STATUS
VOLUNTEERS/CAMP HOSTS/CARETAKERS
SELF-CERTIFICATION FORM

Name (First and Last): _____

Site/Location: _____

For purposes of this certification, you are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen). Volunteers, Camp Hosts, and Caretakers are subject to all current Center for Disease Control (CDC) and California Department of Public Health (CDPH) guidelines.

- I am fully vaccinated.
- I am not fully vaccinated.
- I decline to answer. I understand that I must follow current guidelines for unvaccinated individuals if/when they are different for vaccinated and unvaccinated individuals. I also understand that if my vaccination status changes, I may submit an updated self-certification form.

Signature of Attestation: _____

Date: _____