



## State of Ohio COVID-19 Vaccination Attestation Form

To receive the COVID-19 vaccination incentive, State of Ohio employees (and their spouses) must complete the attestation form below. Each employee and spouse must complete his or her own COVID-19 Vaccination Attestation Form and attach documentation supporting at least the first dose of the vaccine was administered. This is a one-time incentive that will not be available after each dose of a two-dose regimen.

The documentation could be a copy of the completed CDC-issued COVID-19 Vaccination Record Card, pharmacy leaflet, explanation of benefits, office visit summary, and/or proof of receipt from your provider. You are only required to submit proof that you received the first dose of a two-dose regimen, or full vaccination through a one-dose regimen.

Please do NOT include any personal information other than what is requested on this form. Do not include your Social Security number or additional medical information.

Employee/Spouse Name (Print): \_\_\_\_\_

OH|ID Workforce User ID: \_\_\_\_\_

Who is receiving the vaccination?  Employee or  Spouse (Check one)

I, \_\_\_\_\_ (PRINT NAME OF VACCINATED PERSON), release any information within this form or any information submitted along with this form to the Ohio Department of Administrative Services, State Human Resources Division. I understand this information will be used solely for purposes of administering the COVID-19 vaccination incentive described above.

I acknowledge that the information on this incentive form is complete and accurate. I understand the information provided on this form will be used to determine eligibility for the COVID-19 vaccination wellness incentive. Incomplete/inaccurate information may result in delay or denial of your incentive. Further, inaccurate responses may result in disciplinary action up to and including removal.

Submit this form to [COVIDvaccine@das.ohio.gov](mailto:COVIDvaccine@das.ohio.gov) or fax the form to 614-907-8436 **no later than November 30, 2021**.

**This form shall serve as my verification that I completed my COVID-19 vaccination.**

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### Signature of Vaccinated Person

I understand this information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted or required by law or as specifically provided in this release. Further, I understand that personnel of Ohio Department of Administrative Services, State Human Resources Division will adhere to all applicable internal privacy-security protocols and legal standards when accessing my information to administer the COVID-19 vaccination incentive.

This form and the incentive program apply to employees in the service of the State of Ohio, elected officials, and board/commission members whose salary or wage is paid by warrant of the Director of the Ohio Office of Budget and Management. This excludes any city, county, local municipality, university, or school district employee and spouse, as well as employees of private companies, and anyone else whose wage or salary is not paid by warrant of the Director of Ohio Office of Budget and Management.