

# COVID-19 VACCINE VERIFICATION

This document is intended to verify, including but not limited to employees/contractors/volunteers/participants/onsite parents & guardians' vaccination status and is not a disability-related inquiry or medical examination. BD Performing Arts may request to see proof of vaccination as part of this verification process. Unvaccinated persons and those who decline to share their status will be rejected for participation.

## Department Requirements

### Complete 1 dose or 2 doses = Vaccinated but NOT required to be boosted

- Volunteer
- Other Hourly
- Part-time
- Projects/Gigs
- Bingo Employees
- Independent Contractors

### Complete 1 dose or 2 doses + Booster = Vaccinated with at least 1 booster, as defined by the CDC

- Salary Employees
- Blue Devils A - Employee/Volunteer/Participant/Contractor
- RCC Indoor Percussion - Employees/Volunteer/Participant/Contractor
- Special Needs Guard - Employee/Volunteer/Participant/Contractor

### Other

- DWS Employee/Volunteer/Participant/Contractor: will follow the [Mt. Diablo Unified School District COVID guidelines](#)
- Blue Devils B & Blue Devils C Employee/Volunteer/Participant/Contractor: will follow the guidelines are in their primary home residential district
- Anyone working with a Client/Customer/Venue with stronger guidelines than the ones above, as required by any contract or agreement, will supersede the latter.
- Auditionees for a program do not have to be vaccinated to audition. More information is on the [website](#).

BD Performing Arts are highly recommending a booster(s) for those who are eligible and those who are required to be based on the requirements listed above. **If you work/volunteer/participate in multiple departments, the strongest requirement will supersede the latter.**

Any updates to your covid vaccine history after you complete this form and in following the requirements above, please email a new copy of your card/updates to [health@bdperformingarts.org](mailto:health@bdperformingarts.org). To receive the latest information on booster eligibility, please visit the [CDC website](#).

**Full Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

I am vaccinated. The date(s) of my dose(s) are as follows:

Single-dose vaccine	Two-dose vaccine
Single dose:	First dose:
Booster:	Second dose:
Booster:	Booster:
Booster:	Booster:

I am currently unvaccinated.

\_\_\_\_\_ Attach copy of the Vaccination Card (front or digital QR code)

**By signing below, I verify that the above information is truthful and accurate.**

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