

# VERIFICATION OF VACCINATION

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This document is intended to verify employee vaccination status and is not a disability-related inquiry or medical examination. BD Performing Arts may or may not request to see proof of vaccination as part of this verification process. You may decline to share your vaccination status. Unvaccinated employees and those who decline to share their status may be subject to different workplace rules or policies. Employees who are unable to be vaccinated because of a sincerely held religious belief, disability, or pregnancy, will be reasonably accommodated when such an accommodation does not cause an undue hardship to BD Performing Arts.

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

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

**Single-dose vaccine**

Single shot: \_\_\_\_\_

**Two-dose vaccine**

First shot: \_\_\_\_\_

Second shot: \_\_\_\_\_

I am partially vaccinated. The date of second shot is scheduled as follows:

**Two-dose vaccine**

Second shot scheduled for: \_\_\_\_\_

*Please notify us once you receive your second shot by emailing [health@bluedevels.org](mailto:health@bluedevels.org)*

I am currently unvaccinated.

I decline to share my vaccination status.

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I will send a copy of my vaccination card along with this signed verification form to **[health@bluedevels.org](mailto:health@bluedevels.org)**

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

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

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