



## City of Madison – Election Official COVID-19 Vaccination Attestation Form

The City of Madison is requiring all election officials to provide an acceptable form of proof they are fully vaccinated against COVID-19 or show proof of a negative COVID-19 PCR test taken within three days of the election they are scheduled to work.

An individual is considered fully vaccinated two weeks after their second dose in a 2-dose COVID-19 vaccination series approved by the U.S. Food and Drug Administration (“FDA”) or the World Health Organization (“WHO”); or two weeks after a single-dose COVID-19 vaccine approved by the FDA or the WHO.

Election officials are required to provide acceptable proof of their vaccination status. This information will be used to confirm whether the election official is fully vaccinated against COVID-19 and whether the election official may be exempt from mandatory COVID-19 testing.

Getting vaccinated and/or submitting the results of a COVID-19 PCR test is a condition of employment with the City as an election official. Election officials who do not show proof of full vaccination against COVID-19 and/or fail to participate in routine COVID-19 testing as required by the policy are subject to disciplinary action, up to and including termination. In addition to discipline, election officials failing to comply with these requirements may be refused entry to the workplace, sent home from the workplace, and placed in no-pay status until compliance with this policy is demonstrated. **Election officials shall complete this form and return it to the Clerk’s Office no later than three weeks before the first election they work in 2022.**

**Election Official Name** \_\_\_\_\_

I have been fully vaccinated against COVID-19 and have the following proof of full COVID-19 vaccination (select one):

- A copy of both sides of my CDC COVID-19 vaccination card; OR
- A copy of my Personal Immunization History showing my COVID-19 vaccination from the Wisconsin Immunization Registry.

Type of vaccine received:

- Pfizer      Date of first dose \_\_\_\_\_      Date of second dose \_\_\_\_\_
- Moderna      Date of first dose \_\_\_\_\_      Date of second dose \_\_\_\_\_
- Johnson & Johnson/Janssen      Date of single dose \_\_\_\_\_

I have not been fully vaccinated against COVID-19. As such, I understand that on Election Day morning, I will be required to provide my Chief Inspector with proof of a recent (within three days of the election) negative COVID-19 PCR test result. I further understand that, per the City policy, a rapid test result will not be accepted.

I understand I am required to provide true and accurate information in response to the questions above and that failure to do so may result in disciplinary action.

By signing below, I certify that I have accurately and truthfully answered the questions above. I understand that submitting counterfeit or fraudulent information regarding my vaccination status may be grounds for immediate termination. I also understand that if I do not follow the required safety protocols consistent with my vaccination status, I am subject to disciplinary action, up to and including termination.

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**Employee Signature**

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**Date**