



COVID VACCINATION VERIFICATION FORM

Confidential Medical Record

- Submit this paper form **only if** you are unable to upload your documentation through the COVID compliance portal on Access Boston (<https://access.boston.gov>)
- Please print clearly and legibly.
- A photocopy of your vaccination record or other approved documentation must be attached to this completed form.
- Your signature is required to verify this information and attached documentation.
- Please submit this completed form, with attachment, to your Department Human Resources personnel or to Central OHR, in printed form. **Do not email this form.** Because communications via email over the internet are not secure, there is a possibility that information you include in an email can be intercepted and read by parties other than the person to whom it is addressed.

FULL NAME:

BIRTH DATE:

DEPARTMENT:

EMPLOYEE/SPONSOR ID:

EMAIL:

VACCINE MANUFACTURER:

DATE OF 1st DOSE:

DATE OF 2nd DOSE:

SIGNATURE:

By signing above, I affirm that the information I have provided is accurate and complete to the best of my knowledge and belief, and that any misrepresentation of this information will provide grounds for employment discipline, up to and including termination.