

COVID-19 SELF-CERTIFICATION

In the interest of maintaining the health and safety of students, employees, guests, and all members of campus communities, the California State University intends to require faculty, staff and students who are accessing campus facilities at any university location to be immunized against SARS-CoV-2, the virus that causes COVID-19. Employees may seek an exemption based on medical or religious grounds.





SECTION I: SELF-CERTIFICATION OF COVID-19 VACCINATION STATUS

 Complete the required COVID-19 Vaccination Self-Certification form.

Select from one of the following options:

A. I certify that I have received an approved vaccine and that my COVID-19 vaccination status is fully vaccinated. I understand that I may be expected to provide supporting documentation to this effect immediately upon request.

COVID-19 Vaccination Self-Certification form fields:

- Manufacturer of your COVID vaccine,
- Date received 1st dose,
- Date Received 2nd Dose,

Location of Vaccination received:

- Facility (if known),
- City,
- State,
- County

COVID-19 Vaccination Booster Information:

- Date received booster (if applicable)
- Manufacturer
- B. I certify that I qualify for a medical exemption and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be

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COVID 19 Vaccination Self-Certification

In the interest of maintaining the health and safety of students, employees, guests, and all members of campus communities, the California State University intends to require faculty, staff and students who are accessing campus facilities at any university location to be immunized against SARS-CoV-2, the virus that causes COVID-19.

Students or employees may seek an exemption based on medical or religious grounds. This requirement is effective immediately, with certification required no later than the date published by the campus.

The COVID-19 Vaccination Interim Policy may be viewed here: <u>https://calstate.policystat.com/policy</u> /<u>9779821/latest/</u>

Last Self-Certification Submission 02/07/2022 Date:

Section I: Self-Certification of COVID-19 Vaccination Status

You must select one of the following options

I certify that I have received an <u>approved vaccine</u> and that my COVID-19 vaccination status is <u>fully vaccinated</u>.

I understand that I may	be expected to	provide	supporting	documentation	to this	effect	immediate	ly
upon request.								

anufacturer of your COVID-19 vaccine	~ V			
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ate Received 2nd Dose	(ii)			
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Faolility (if known):				
City:				
State / Province / Region:				
Country:	United States V			
OVID-19 Vaccination Booster Information:				
Date Received Booster (if applicable)	÷ =			
New dealers				

- I certify that I qualify for a <u>medical exemption</u> and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be expected to provide <u>supporting documentation</u> to this effect immediately upon request.
- I certify that I qualify for a <u>religious exemption</u> and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be expected to provide <u>supporting documentation</u> to this effect immediately upon request.
- I confirm that at this time I will not be physically accessing or performing work at CSU facilities but understand that if this changes, I must certify that I am either current on my COVID-19 vaccination status or that I qualify for a medical or religious exemption.

Section II: Self-Attestation of Accuracy of Information Provided

I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty, may subject me to discipline pursuant to <u>California Education Code Section 89535</u>.

Supporting documentation for medical and/or religious exemptions must be uploaded to the <u>HR - Medical</u> <u>and Religious Exemptions</u> folder. Please contact the Office of Human Resources at (310) 243-3771 if you have any questions.

Please visit <u>Toros Together</u> for the most current information on the measures we are taking to keep our community well, and how you can stay safe.

Submit

expected ro provide supporting documentation to this effect immediately upon request.

- C. I certify that I qualify for a religious exemption and have not received a COVID-19 vaccine and/or booster, nor do I plan to. I understand that I may be expected ro provide supporting documentation to this effect immediately upon request.
- D. I confirm that at this time, I will not be physically accessing or performing work at CSU facilities but understand that if this changes, I must certify that I am either current on my COVID-19 vaccination status or that I qualify for a medical or religious exemption.

SECTION II – SELF-ATTESTATION OF INFORMATION PROVIDED

A. After reading and selecting a vaccine status, check off to confirm:

> I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty may subject me to discipline pursuant to <u>California Education Code</u> <u>Section 89535.</u>

Section II: Self-Attestation of Accuracy of Information Provided

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SECTION III: ATTACHMENTS: PROOF OF COVID-19 VACCINATION

A. Employees who indicate they are vaccinated <u>must</u> upload proof of COVID-19 vaccination.

> If you have previously uploaded proof of vaccination, you will be promted to delete the attachment and upload an updated proof of vaccination to include the booster.

 Click Attach to upload a copy of your vaccination proof.

MEDICAL AND/OR RELIGIOUS EXEMPTIONS

Supporting documentation for medical and/or religious exemptions MUST be uploaded to the secure HR Dropbox folder: <u>HR – Medical and Religious</u> <u>Exemptions</u>.

Do not submit medical or religious exemption supporting documents by attaching in Section III. Upload to the HR folder linked above.

> Once you have uploaded your proof of vaccination, click Submit.

You will receive a final message indicating your certification has been submitted.

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Error Submitting Self-Certification (31500,120)

Proof of vaccination is required to continue. Please attach proof of vaccination in the form of

1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services, Centers for Disease Control & Prevention or World Health Organization Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR

- Photo of a Vaccination Record Card as a separate document; OR
 Photo of the Vaccination Record Card stored on a phone or electronic device; OR
- Photo of the Vaccination Record Card stored on a phone or electronic device; Ol 4. Documentation of COVID-19 vaccination from a health care provider; OR

5. Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.

Message

OK

Update Vaccination Card (31500,121)

Please upload your updated COVID-19 proof of vaccination which includes your booster. If you have two separate documents (i.e., two vaccination cards) please upload them as one image. NOTE: Any previously uploaded attachment of your COVID-19 proof of vaccination will be deleted if you click "OK".

OK Cancel

Section III - Attachments: Proof of COVID-19 Vaccination

Upload a copy of your COVID-19 Vaccination Record Card only. Other documentation from a health care provider or personal medical records to support your COVID-19 vaccination or medical exemption should be provided directly to the appropriate campus office. The acceptable file types are Bitmap Image File (.bmp), Graphical Interchange Format (.gif), JPEG Image (.jpeg/.jpg) and Portable Graphics Format (.png)

Attached File:

Attach

Supporting documentation for medical and/or religious exemptions must be uploaded to the <u>HR - Medical and Religious</u> Exemptions folder. Please contact the Office of Human Resources at (310) 243-3771 if you have any questions.

Please visit <u>Toros Together</u> for the most current information on the measures we are taking to keep our community well, and how you can stay safe.





COVID 19 Vaccination Self-Certification

Date of Submission: 02/09/2022

Thank you for submitting your COVID-19 Vaccine information. Your record will be reviewed, if the Office of Human Resources has any questions regarding the information you provided, we will contact you directly. This confirms that your submission has been received so you may close this window. Please visit <u>Toros Together</u> for additional campus information on COVID-19.

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