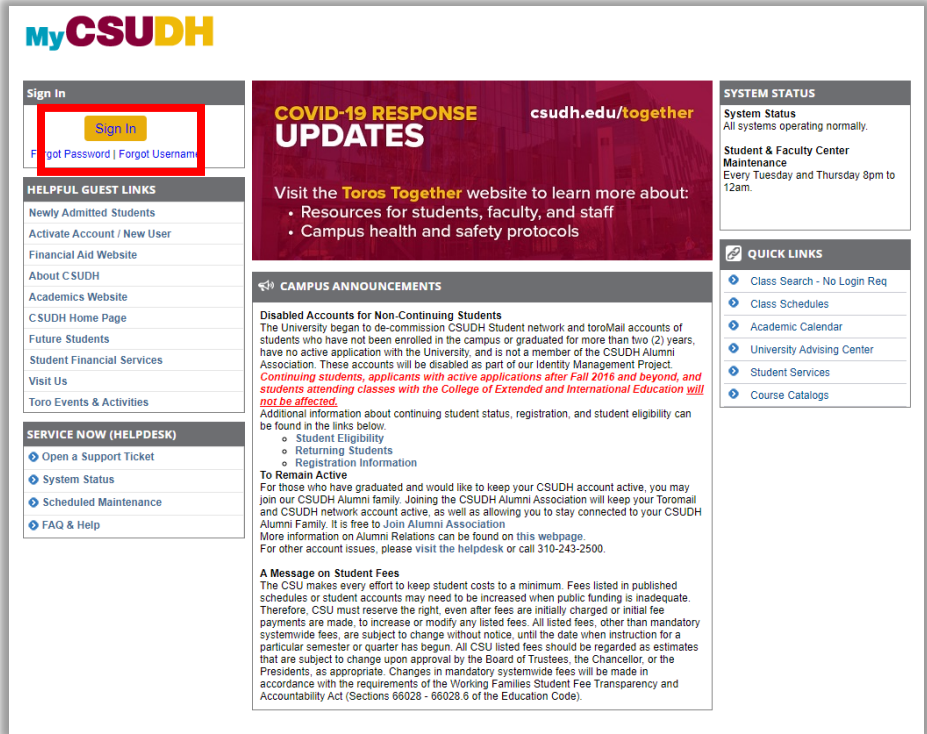
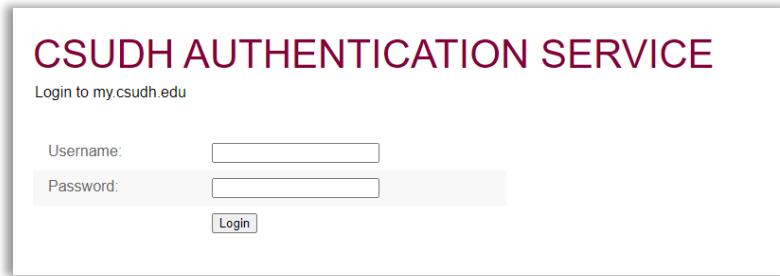


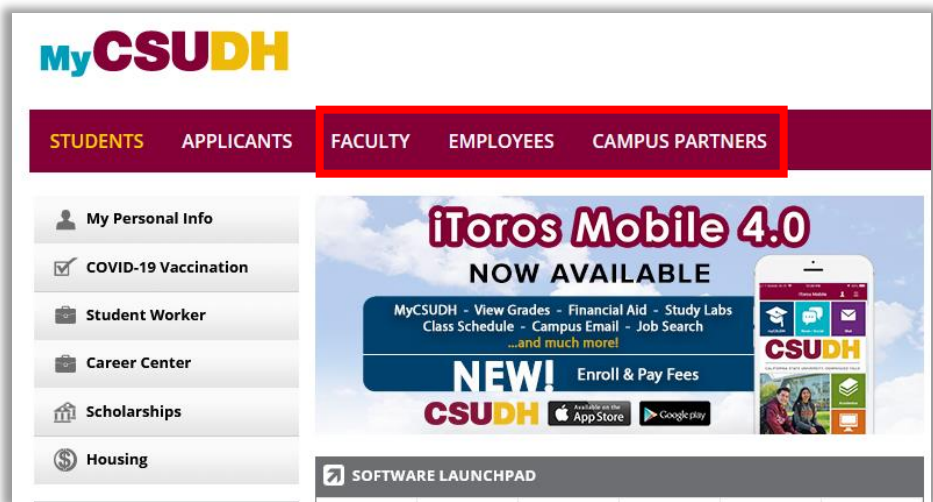
COVID-19 SELF-CERTIFICATION

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. Students or employees may seek an exemption based on medical or religious grounds. This requirement is effective immediately with certification required no later than September 30, 2021.

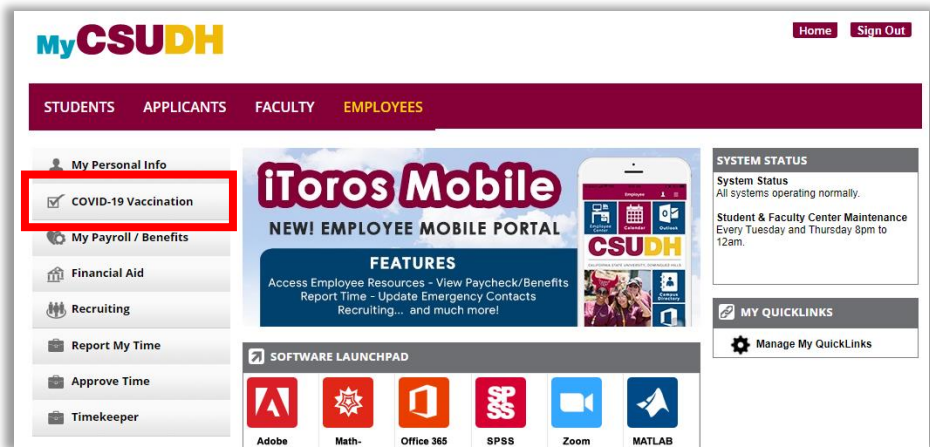
<p>1. Login to the MyCSUDH Portal, click Sign In.</p>	
<p>2. In the Authentication page, enter your campus username and password. Click Login.</p>	

3. In the top menu bar, click on the **Faculty, Employees, or Campus Partners** tab.

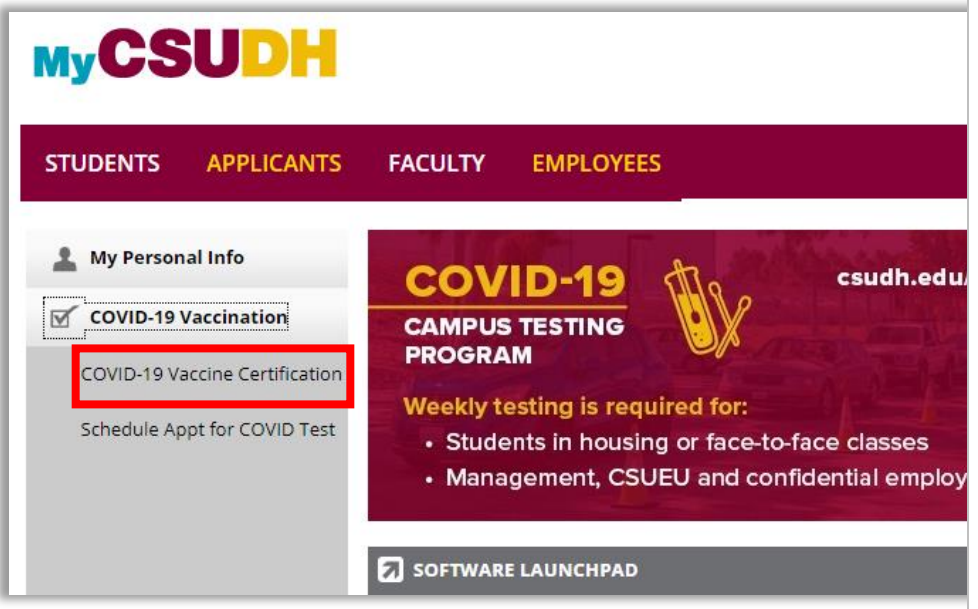
Either tab will direct you to the self-certification. Access will depend on your employee status.



4. In the left navigation, select **COVID-19 Vaccination**.



5. In the drop-down option, select **COVID-19 Vaccine Certification**.



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

6. 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 current. I understand that I may be expected to provide supporting documentation to this effect immediately upon request. I further understand that for purposes of this certification, I am only considered fully vaccinated two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g. Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson&Johnson/Janssen) and that I should not check this box and certify myself until I am fully vaccinated.

COVID-19 Vaccination Self-Certification form fields:

- Manufacturer of your COVID vaccine,
- Date received 1st dose,
- Date Received 2nd Dose,
- Date Received Booster (if applicable.)

Location of Vaccination received:

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



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 September 30, 2021.

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

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

You must select one of the following options:

- I certify that I have received an [approved vaccine](#) and that my COVID-19 vaccination status is [current](#). I understand that I may be expected to provide supporting documentation to this effect immediately upon request. I further understand that for purposes of this certification, I am only considered fully vaccinated two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen) and that I should not check this box and certify myself until I am fully vaccinated.

Please provide the following information:

*Manufacturer of your COVID-19 vaccine	<input type="text"/>
*Date Received 1st Dose	<input type="text"/>
*Date Received 2nd Dose	<input type="text"/>
Date Received Booster (if applicable)	<input type="text"/>

Location of vaccination received:

Facility (if known):	<input type="text"/>
City:	<input type="text"/>
State / Province / Region:	<input type="text"/>
Country:	<input type="text"/>

- I certify that I qualify for a [medical exemption](#) and have not received a COVID-19 vaccine, nor do I plan to. I understand that I may be expected to provide [supporting documentation](#) to this effect immediately upon request.
- I certify that I qualify for a [religious exemption](#) and have not received a COVID-19 vaccine, nor do I plan to. I understand that I may be expected to provide [supporting documentation](#) 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 [California Education Code Section 89535](#).

Section III: Attachments: Proof of COVID-19 Vaccination

Upload a copy of your proof of COVID-19 Vaccination. An example of proof is a COVID-19 Vaccination Record Card, QR Code from the State of California, letter from a health care provider, etc.

Attached File:

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

Please visit [Toros Together](#) for the most current information on the measures we are taking to keep our community well, and how you can stay safe.

- B. I certify that I qualify for a medical exemption and have not received a COVID-19 vaccine, nor do I plan to. I understand that I may be expected to 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, nor do I plan to. I understand that I may be expected to 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 [California Education Code Section 89535](#).

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 [California Education Code Section 89535](#).

Important Note: Represented employees will not be subject to the disciplinary process on vaccination and testing mandates until meet and confers with the unions have concluded.

SECTION III: ATTACHMENTS: PROOF OF COVID-19 VACCINATION

Important Note: Represented employees whose unions have a surveillance testing program MOU in place, may opt out of weekly surveillance testing by uploading their vaccine card.

A. Non-represented vaccinated employees must upload proof of COVID-19 vaccination.

1. 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:

[HR – Medical and Religious Exemptions](#).

Do not submit medical or religious exemption supporting

Section III: Attachments: Proof of COVID-19 Vaccination

Upload a copy of your proof of COVID-19 Vaccination. An example of proof is a COVID-19 Vaccination Record Card, QR Code from the State of California, letter from a health care provider, etc.

Attached File:

Attach

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

Please visit [Toros Together](#) for the most current information on the measures we are taking to keep our community well, and how you can stay safe.

Submit

documents by attaching in Section III. Upload to the HR folder linked above.

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

You will receive a final message asking you to click **Finish** to return to the Homepage.

Please note you will be redirected to the self-certification page once you click Finish.

Please visit [Toros Together](#) for the most current information on the measures we are taking to keep our community well, and how you can stay safe.

Submit

MyCSUDH

COVID 19 Vaccination Self-Certification

Thank you for submitting your COVID-19 Vaccine information. Click "Finish" to return to the Homepage.

Finish