COVID-19 VACCINATION ATTESTATION

This declaration is required for all in-person participation at ___________________________.
The form must be completed, signed, and returned by email to ____________________ by ____________.

Event participants are required to attest to their full vaccination. Full vaccination is described as two doses of the Moderna or Pfizer vaccines and one dose of the Johnson & Johnson vaccine. Vaccination attestation will not become part of any records at Duke University.

Participants must follow all local COVID precautions in place at the time of the event, including, but not limited to masking, social distancing, surveillance testing, etc. Public health conditions can change on short notice, and we will keep you updated with guidance on Duke's policies found on the Coronavirus Response page and Duke United page.

Vaccine Certification:

By signing my name below, I confirm that I have been fully vaccinated against COVID-19, meaning it has been two weeks since receiving either A) the single dose of the Johnson & Johnson vaccine or B) two doses of either the Pfizer or Moderna vaccine. Receipt of a booster shot is not required at this time.

I declare that the foregoing is true and correct.

Printed name:

Signature:

Date: