

Proof of COVID-19 Vaccination Reporting Form

The RIT Safety Plan sets forth the requirement that all employees must provide proof of vaccination status. Fully remote employees may sign a Remote Attestation instead of providing proof of vaccination. Either section 1 or 2 of this form must be completed.

Employee’s Full Name: _____

Employee’s Email: _____

Department: _____

Section 1 – Proof of Vaccination

| Manufacturer | Date of Dose 1 | Date of Dose 2 | Date of Dose 3 (booster) |
|---------------------|----------------|----------------|--------------------------|
| Johnson & Johnson | | N/A | |
| Moderna | | | |
| Pfizer | | | |
| Other: (enter name) | | | |

Date documentation provided: _____

Type of documentation presented: _____

Section 2: Remote Attestation

I attest that I am working 100% remotely until the end of the semester, and do not intend to be called into or circulate on campus. RIT is relying upon this attestation to waive compliance with the COVID-19 Vaccination Policy. I agree to inform and seek the permission of my supervisor if circumstances change and I am required to come onto campus. Upon coming to campus, I agree to comply with all the provisions of the RIT Safety Plan including the COVID-19 Vaccination Policy.

Employee Signature: _____

By signing and submitting this form, you acknowledge that you have been provided proof of vaccination for the above listed employee OR that this employee will be fully remote.

Supervisor Signature: _____