

Vaccination Verification Program (VVP) for Cal OSHA ETS Compliance

The Occupational Safety and Health Administration (Cal OSHA) Standards Board voted on June 17, 2021, to adopt the revised COVID-19 Prevention Emergency Temporary Standards (ETS). The ETS allows for different procedures and safety rules to apply to employees depending on vaccination status. For an employee to work indoors without a face covering, vaccination status must be documented. Fully vaccinated individuals will not need to wear a mask while those who are not fully vaccinated will continue to be required to wear face masks inside at all times except when in a private office with the door closed. Masks may also be removed when eating or drinking.

Employees are requested to complete this self-attestation form if they are fully vaccinated with the COVID-19 vaccine. "Fully vaccinated" means you received, at least 14 days prior to the submission of this form, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; or have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO). Employees who are not fully vaccinated or who do not respond to this form will be considered unvaccinated and will be required to wear face masks indoors.

Questions about this process may be emailed to up-vaccine-mgmt@sjsu.edu.

_____	_____
First Name	Last Name
_____	_____
SJSU Email	9-digit SJSU ID

SJSU Employment Category	

Please select your division. Please note, for Academic Affairs, each college is listed as Academic Affairs-College of xxx. If you do not work in a College, please select Academic Affairs-Other.	

Department Name	

Acknowledgement of Attestation

By submitting this form, I attest that I am fully vaccinated for COVID-19 consistent with the above definition.

I understand that this information may be shared with appropriate administrators who have a specific business need-to-know which employees are fully vaccinated for the purpose of administering workplace safety rules/procedures.

I acknowledge that by submitting this form I attest that I am fully vaccinated for COVID-19.

_____	_____
Signature	Date Signed