

COVID-19 Vaccination Status - Letter of Attestation

This COVID-19 vaccination status attestation is hereby submitted to McLaren Health Care – Employee Health Services by _____ for all its employees, contractors, volunteers, and any others who may work on-site at a McLaren Healthcare Corporation location. This attestation includes and incorporates a company employee roster provided in spreadsheet format.

- _____ follows the required CDC and EEOC guidelines for COVID-19 vaccination.
- For purposes of this attestation, a person is considered ‘fully vaccinated’ two weeks after completing the second dose of a two-dose COVID-19 vaccine, or two weeks after receiving a single dose of a one-dose vaccine.
- All medical and religious exemptions were thoroughly reviewed and granted by _____ upon meeting the standards promulgated by the EEOC.
- _____ understands that knowingly providing false information regarding the vaccination status of any provided employee(s) will result in the immediate removal of those employees from McLaren facilities, and possible termination of the business relationship between _____ and McLaren Healthcare Corporation.

As the authorized signatory for _____ I hereby attest that to the best of my knowledge and belief, all information contained in this attestation and any supporting documentation provided is accurate and complete. Any vaccination-related change in status of any individuals listed herein shall be updated within 24 hours of discovery.

Authorized signatory:

Name _____

Title _____

Company _____

Email _____

Phone _____

Signature

Date