**Vendor / Contractor Vaccination Status Attestation**

Pursuant to 42 CFR 416, 418, 441, 460,482-486, 491,494, any employees of [Vendor Company], will either be vaccinated or their exempt status will be communicated. Any unvaccinated employee that provides services in the facility will comply with the facility’s policies regarding Personal Protective Equipment. By signing below, I hereby affirm that [Vendor Company] has requested and received all documentation necessary to confirm the vaccination or exemption of all employees that may be providing services at the facility.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:

DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Employee | Vaccinated? | Exemption? |
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