

Vaccination Status Attestation

Please read the statements below and then attest to your applicable vaccination status.

Fully vaccinated employees **do not** have to wear a face covering when in the office (except where required by local and state orders). In light of this requirement, you must provide information regarding your vaccination status. Attestation has many benefits. It allows us to track the overall percentage of our work population that has been vaccinated which helps us in our overall safety planning, provides assurance and confidence to those entering our offices, and assists our efforts in the event of a positive COVID case as quarantine requirements may differ based on vaccination status.

If you do not provide information about your vaccination status, the Company will be required to assume you are unvaccinated, and unless you have obtained an approved exemption, you will be required to wear a face covering when in the office, submit to weekly testing and fill out a daily assurance questionnaire on symptoms/exposures, or otherwise, not come in the office or to in-person work-related events. If you have any questions or need an accommodation regarding any of these requirements, please contact [REDACTED].

For purposes of this attestation, **fully vaccinated** means that you have received at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have FDA approval (Pfizer/BioNTech) or an emergency use authorization from the FDA (e.g. Moderna and Janssen (Johnson & Johnson)); or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

It is important that you provide truthful and accurate information about your vaccination status in response to the questions below.

Employees can complete the attestation without any fear of retaliation. This information will be maintained by Human Resources securely and separately from personnel records and will be subject to strict confidentiality requirements.

Please select the statement below that accurately describes your vaccination status:

I am fully vaccinated.

Date of final vaccine shot: _____

I am not fully vaccinated.

I understand and agree that by providing this information, I am voluntarily disclosing my vaccination status to the Company. I affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, the Company may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status). Intentionally misrepresenting your vaccination status may subject you to discipline. If your vaccination status changes after submitting this attestation form, you must complete a new one.