FERMILAB ATTESTATION BY VISITORS, BUSINESS VISITORS, UNBADGED INDIVIDUALS WITH BUSINESS PURPOSES

Certification of Vaccination

The purpose of this form is to take steps to prevent the spread of COVID-19, to protect the health and safety of the Fermilab community, including Fermi Research Alliance, LLC (FRA) employees, on-site residents, onsite Users, Affiliates, and Visitors, and onsite subcontractors. If you fail to submit this signed attestation, provide false information, or fail to provide evidence of a negative COVID-19 test if required, you may be denied access to the Fermi National Accelerator Laboratory site (Batavia and South Dakota).

# My Vaccination Status

By checking the box below, I declare that the following statement is true:  I am fully vaccinated.[[1]](#footnote-1)

 I am not yet fully vaccinated.[[2]](#footnote-2)

 I have not been vaccinated.[[3]](#footnote-3)

 I decline to respond.

**I understand that if I decline to respond or am not fully vaccinated and do not have a negative COVID-19 test within 72 hours of your arrival, I will be denied access to the Fermi National Accelerator Laboratory site (Batavia and South Dakota).**

**Please maintain a copy of this form with you at all times.** You may be asked to show this form as part of your access to the Fermi National Accelerator Laboratory site (Batavia and South Dakota).

**Consequence of Failure to Provide Information**: Providing the attestation is mandatory for visitors, business visitors, and unbadged individuals with business purposes on the Fermi National Accelerator Laboratory site, but providing information about vaccination status is voluntary. However, if you fail to provide information on your vaccination status, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.

By signing this document, I certify the truth and accuracy of this information. Failure to provide true and accurate information will result in denial of access to the site.

Your printed name here:

Your signature here:

 Date:

1. The Centers for Disease Control and Prevention considers an individual fully vaccinated if they are:

	* + 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
		+ 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine If you don’t meet these requirements, regardless of your age, you are **not** fully vaccinated. [↑](#footnote-ref-1)
2. Either I have received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago. [↑](#footnote-ref-2)
3. If you are not vaccinated due to medical or religious reasons, please check either “I have not been vaccinated” or “I decline to respond.” [↑](#footnote-ref-3)