**Vaccination Attestation**

*I declare and attest that the official record I have attached or uploaded is a copy of my personal vaccination record and that the information included in that document is true, to the best of my knowledge. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC. 1017. Furthermore, I understand that submitting false written information related to my vaccination status is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than $2,000 or imprisonment of not more than one year.*

Name:

DOB:

Job Title:

Employee ID:

Agency:

Supervisor:

Email:

Cell Phone: Home Phone:

Work Phone:

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see <https://portal.ct.gov/sevi>) can submit information to WellSpark. State contractors do not submit forms to WellSpark.

If you are a state employee with a state employee ID number, and you do not have access to a smartphone or computer, you can submit your information via email at Statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. **Please include proof of vaccination**. Even if you are only partially vaccinated, please include that information as well. All others who do not have access to a smartphone or computer should consult with their supervisor or human resources department.

I understand and agree that the information submitted will be used to determine my compliance with my employer’s COVID-19 testing, vaccination and exemption requirements. I hereby authorize WellSpark Health, Inc., to share the submitted information with Human Resource representatives of my employer.

Employee Signature: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_