

**Appendix B1**  
**Template CDC COVID-19 Vaccination Card Declaration**

**Declaration Attesting to the Authenticity of an Individual's CDC  
COVID-19 Vaccination Card**

Pursuant to Executive Order No. 13B, a long-term care facility shall ensure individuals with direct access to a patient or resident of a long-term care facility are fully vaccinated against COVID-19, partially vaccinated by September 7, 2021, or exempted from the vaccine requirement for medical or religious reasons. Individuals submitting a CDC vaccination card to verify their vaccine status must also include a declaration attesting that the card is authentic.

If you are using a CDC vaccination card to verify your vaccine status, please complete this declaration form and submit it to the individual(s) designated by the facility to receive these forms.

Name	
Job Title	
Supervisor/Department	
Email	
Phone Number	
Date of Request	

*I declare and attest that the attached is a copy of the CDC vaccination card I received when I was vaccinated for COVID-19 and that the information on the card is true. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it's 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;*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date