



COVID-19 VACCINE ATTESTATION FORM (for Vendors/Contractors)

1. GENERAL REQUIREMENTS:

1.1. The COVID-19 Attestation Form is required of any and ***all onsite Contractors or Vendors who will have a regular and routine, or on-going physical presence*** on District property during the term of contract. It is not required of Vendors who provide services remotely or are occasionally onsite for a short period of time such as a 1 day service, or a service that spans less than 2-3 days.

2. DEFINITIONS:

2.1. ***District/Campus Representative (Department Contact or Project Manager):*** For the purposes of these instructions a "District Representative" or "Campus Representative" is defined as the employee of a District Department that is responsible for managing the contract scope of services and will have direct management or supervision of the work performed by the Contractor or Vendor including, when applicable, its employees.

2.2. ***Vendor/Contractor:*** The vendor, contractor, or independent contractor who is assigned the work, including any of its employees or subcontractors.

2.3. ***Regular and Routine:*** Regular and routine is subjective and open to interpretation by the District/Campus Representative however, the expectation is that regular and routine means the Contractor or Vendor is onsite on an averaged weekly basis of at least 30 minutes per visit, or for increments of one hour or more over an extended period of time. The District/Campus Representative may use their best judgement to determine if the service is regular and routine or if the Contractor or Vendor has an on-going presence on campus.

3. INSTRUCTIONS FOR DISTRICT/CAMPUS REPRESENTATIVE (DEPARTMENT CONTACT RESPONSIBLE FOR CONTRACT):

3.1. Request Contractor/Vendor to complete and return the attestation form prior to start of work (or ASAP if work is in progress). The attestation form should be returned directly to the District/Campus Representative and should be kept and attached to the original contract/agreement. NOTE: The District/Campus Representative can also forward the completed attestation forms to Risk@fhda.edu for safekeeping in a centralized location. The forms collected by Risk Management will not be tracked.

4. INSTRUCTIONS FOR CONTRACTOR/ VENDOR:

4.1. Complete this COVID-19 Attestation Form and submit to District/Campus Representative prior, or at the time, of service.

4.2. Maintain a copy of the attestation form (page 2) on your presence at all times while on District premises.

4.3. Masks must be worn at all times while indoors; it is also recommended that masks be worn in outdoor settings where social-distancing is limited.

5. 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 all District employees, students, onsite contractors, and visitors. Consistent with the District's **Board Policy 3507 COVID-19 Vaccination**¹ requiring all employees working on campus and all students attending in-person classes to be vaccinated, the District is also requiring all vendors/contractors performing services on campus to be vaccinated. If you fail to submit this signed attestation to the District Representative responsible for administration of your contract, you may be denied access or entry to District premises, buildings and facilities.

¹ BP 3507: <http://go.boarddocs.com/ca/fhda/Board.nsf/goto?open&id=C3CSDC721D65>
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6. MY VACCINATION STATUS:

6.1. By checking the box below, I declare that the following statement is true:

- I am fully vaccinated.²
- I am partially vaccinated and am scheduled to take my second dose of the Pfizer or Moderna vaccines.
- I decline the COVID-19 Vaccine but will provide the District Representative with a negative Covid-19 test result, taken no more than 72 hours prior to my scheduled visit.
- I decline the COVID-19 Vaccine and invoke exemption for medical or religious reasons as verified by my employer.

6.2. I understand that regardless of vaccination status, I am still required to comply with the following safety protocols while on District property:

- Wear a mask;
- Physically distance;
- Other safety measures such as hand washing, gloves, PPE as may be appropriate for the services being performed.

I sign this document under penalty of perjury that the above is true and correct, and that I am the person named below. I understand that if I am making a false statement on this form, it could result in additional administrative action, **including removal from a contract.**

Vendor/Contractor Employee Signature

Date

Print Name:

Vendor/Contractor
Name:

You may be asked to show a copy of this form upon entry to a District building or indoor worksites, and/or to a District employee who is supervising or managing your work on District premises. **Please maintain a copy of this form during your time on District premises.**

² 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.