



County Process Document for Vaccine/Attest as of July 6, 2021

Following the Department of Labor and Industries most recently updated guidelines and requirements, the following steps will be required if an employee is vaccinated and wishes to work mask free:

- The employer must comply with all conditions for operation required by emergency proclamation, including “Healthy Washington – Roadmap to Recovery” reopening requirements for all business and industry specific requirements.
- The employee is responsible for providing factual information by either showing their vaccination card to their employer, or attesting to their employer, if the employee wishes to engage in work without wearing a mask in a shared workspace and/or where social distancing cannot be observed.

Supervisor/Manager/Department Head/Elected Official Responsibly:

- **If an employee wishes to show their vaccination card:**
 - Employee shows their designated leader their vaccine card.
 - This can be the physical copy or a picture of the vaccine card.
 - The designated leader logs the employee’s vaccinated status on their Department Vaccination Verification log (employee name, “Card,” and the date the vaccine card was verified).
- **If employee wishes to “attest” rather than show their vaccine card:**
 - Employee will complete the “attestation form” and submit it to their designated leader.
 - The designated leader should place that form in a department confidential folder, which will house all of a Department’s employee attestation forms. These signed forms should be in a secured location that is accessible to designated department leaders, Risk Management and/or Human Resources.

SPOKANE COUNTY

COVID VACCINATION ATTESTATION

Department: _____

I, _____, am an employee of Spokane County.

By my signature below, I affirm that I have been fully vaccinated (either one (1) shot of the Johnson & Johnson, or two (2) shots of Pfizer or Moderna, and more than two (2) weeks have lapsed since receiving the final shot).

I understand this document will be maintained in a confidential file however, pursuant to the mandate of the Department of Labor and Industries, the form will be provided to LNI upon request.

Further, I understand this attestation, if later determined to be false, may lead to disciplinary action, up to and including termination of employment.

Signed this _____ day of _____, 20_.

Signature