**Tompkins County Vaccination Attestation**

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Employee Information

For FAQs regarding the attestation please visit: <https://www2.tompkinscountyny.gov/files2/personnel/Vaccination%20Documentation%20FAQs_0.pdf>

Last Namefield type single line



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* First Namefield type single line



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* Middle Initialfield type single line



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* Phone (optional)field type single line

We would only need this if we need to contact you with questions.

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* Have you received the COVID-19 Vaccination?**\***field type radio button

Have you received the COVID-19 Vaccination?YesNoPrefer not to answer.

* Which vaccine did you receive?**\***field type radio button

Which vaccine did you receive?Pfizer-BioTechModernaJohnson & Johnson / Janssen

* Date of First Vaccination**\***field type date

Date Selection

* Date of Second Vaccination**\***field type date

Date Selection

* Upload a copy of your vaccination card here.**\***field type file upload

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* Signature**\***field type signature







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