



COVID-19 Vaccine Attestation - Visitors

Dykema strives to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees, their families, and those who visit our offices. As part of this effort, Dykema has implemented certain safety protocols utilizing CDC, OSHA and other available guidance.

When responding to this inquiry, provide no more information than is contained on a COVID-19 Vaccination Record Card (i.e., if you have been vaccinated, the provider that administered your vaccine; which vaccine you received; and date(s) on which it was administered). *Please do not submit* any additional medical or family history information in response to this inquiry, including a *reason* for deciding to be vaccinated or not to be vaccinated.

Today's Date _____

Print Name _____

Name of Dykema Host _____

Office Visit Date _____

Vaccine Certification:

By signing my name below, I certify that I have been fully vaccinated against COVID-19. "Fully vaccinated" means it has been two weeks since receiving either 1) both doses of either the Pfizer or Moderna vaccine, or 2) the single dose of the Johnson & Johnson vaccine.

Date(s) of COVID-19 Vaccination: _____

Vaccine Manufacturer: _____

Signature _____

or

_____ I am not fully vaccinated against COVID-19.*

**Note: Unvaccinated individuals are required to wear a mask at all times while in Dykema offices.*

Please return the completed form to your Dykema Host or the Office Administrator at least 24 hours prior to your visit.