

Appendix A: Declaration Attesting to the Authenticity of an Individual’s COVID-19 Vaccination Record

COVID-19 Vaccination Record Declaration

Pursuant to Executive Order No. 13G, State Employees, State Hospital Employees, all individuals working in a public or non-public PreK-12 school or Child Care Facility (“covered workers”), and any contract workers in these facilities must be fully vaccinated for COVID-19, partially vaccinated with one dose of a two-dose COVID-19 vaccine regimen and have a scheduled second dose appointment, prior to September 27, 2021; or be exempted from the vaccine requirement for reasons of medical contraindication or firmly held religious or spiritual belief. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G to verify their vaccine status must also include a declaration attesting to the authenticity of that documentation.

If you are using an electronic or paper copy of a CDC Vaccination Card or other official record 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: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

PLEASE NOTE: ONLY state employees with a state Employee ID #, or others with specific direction (please see portal.ct.gov/sevi) can submit information to WellSpark. State contractors do not submit forms to WellSpark. If you are a **state employee with a state employee ID number**, without computer or smartphone access, you can submit your information via email at statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. Please include proof of complete or partial vaccination with this form. All others without smartphone or computer access should consult with their supervisor or human resources department to submit required proof of vaccination and attestation documentation.

Your signature below indicates agreement with the following statement:

I declare and attest that the attached official record is a copy of my personal vaccination record and that the information included in that document is true and accurate, to the best of my knowledge. I understand that the submission of false information to a covered state agency, school board, child care facility, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is 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