



Vaccine Eligibility Attestation Form

Patient Name: _____ **Date of Birth:** _____

Please complete the form below to confirm you are eligible to receive the COVID-19 vaccine based on your occupation. Please be aware that you are subject to disciplinary action from your professional licensing organization if you misrepresent yourself or falsely attest.

County of Residence: San Mateo County Santa Clara County

Please place a check by your occupation:

		Plant Worker, Manufacturing, & Machine Operations and Assemblers
	Corrections Officer	Postal Worker/Delivery Driver
	Critical Utilities	Public Transit Worker
	Education – Teacher, Childcare	Retired – still providing direct patient contact
	Farmers and Farmworkers	School Employee (other than teacher) Type:
	First Responder – Firefighter, Police	
	Grocery Store Employee	Service – Rental, Cosmetology, Massage, Elective Services
	Long Term Care – Staff and Residents	Service – Restaurant, Bars, Catering, Food Service
	Healthcare Type:	Service - Transportation
	IHSS Worker	Service – _____ Janitorial
	Other Essential Worker Type:	Skilled Agricultural, forestry and fishery worker

Patient Signature: _____ **Date:** _____

For RFHN Staff Only		
Type of Employment Verification	<input type="checkbox"/> None <input type="checkbox"/> Paystub	<input type="checkbox"/> Badge <input type="checkbox"/> Other _____
Staff Member signature		Date: