

**Eastern District of Virginia  
COVID-19 Vaccination Status Attestation**

Please complete and sign this self-attestation concerning your COVID-19 vaccination status. You do not need to provide any medical information on this form, nor any explanation concerning your decision to receive or not to receive a COVID-19 vaccine. For purposes of this form, being “fully vaccinated” means that two weeks have passed after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or after receiving the single-dose vaccine (Johnson & Johnson). Once completed, this form must be returned to the designated Court representative (***chambers staff should return this form to their appointing judge***).

If you believe you are entitled to an exemption from vaccination, you will need to request it in writing. Individuals who are not vaccinated and have not received an exemption, as well as those that decline to disclose their vaccination status, will be required to undergo COVID-19 testing and wear a mask when present in our Courthouses and Court facilities, as outlined in the governing General Order. Individuals granted an exemption must similarly undergo COVID-19 testing and wear a mask in our Courthouses and Court facilities, though as outlined in the governing General Order, different requirements may apply to those with exemptions.

Name:

Classification:            Probation/Pretrial                      Chambers                      Clerk's Office/Other Court Staff  
  
   Contractor                      Attorney/Law Office Employee

**Please choose one of the following options:**

1. I am fully vaccinated.
2. I received my second dose of the Pfizer or Moderna vaccine or my single dose of the Johnson & Johnson vaccine less than two weeks ago on \_\_\_\_\_.
3. I received my first dose of the Pfizer or Moderna vaccine, and my second appointment is scheduled for \_\_\_\_\_.
4. I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine on \_\_\_\_\_.
5. I have not been vaccinated.
6. I decline to disclose my vaccination status.

I understand that I am required to provide accurate information on this form. I hereby affirm that I have accurately and truthfully answered the above question. I also understand that if I stated that I am fully or partially vaccinated, the Court may request documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

\_\_\_\_\_  
Electronic or Ink Signature

\_\_\_\_\_  
Date