Harvard University Vaccination Attestation Form

Harvard requires COVID vaccinations for all Harvard community members. This includes new employees who are required to have had the primary Covid vaccination series upon hire. Individuals may seek an exemption from this vaccine requirement for medical or religious reasons. More information regarding the University’s COVID vaccination requirement and exceptions may be found at the University’s “COVID-19 Vaccine Information” webpage: https://huhs.harvard.edu/covid-19-vaccine-requirement-faqs#gsc.tab=0.

**Vaccination Attestation:**

1) Do you currently comply with the Harvard University condition of employment that requires primary series COVID vaccination?
   - [ ] YES, I attest that I currently comply with the University’s vaccination requirement
   - [ ] NO, I am not currently in compliance with the University’s vaccination requirement

2) If you checked NO, please indicate which of the following apply:
   - [ ] I will initiate my COVID vaccination prior to my hire date (this will require attestation of receipt of first shot of a two-dose vaccination and confirmation of the scheduling of second dose)
   - [ ] I need to request a medical or religious exemption

**Vaccination Exemption:**

If you indicated above that you need to request a medical or religious exemption, please request an exemption form from your Harvard employment contact and email the form to Harvard University Health Services (HUHS) at mrecords@huhs.harvard.edu using CANDIDATE Exemption Form as the subject line.

If approved for an exemption, you will be considered in compliance with the University’s requirement. If not approved, we may rescind your offer of employment or terminate your employment, if applicable. **It is your responsibility to notify your Harvard employment contact of the exemption result.**

_I have read, and I understand, the University’s Covid vaccination requirement. Further, I attest to the truth and accuracy of my response(s) above and agree to take any steps necessary to comply with the vaccination requirement._

____________________________________________  
Signature     Date