

Vaccination Verification Program (VVP)

For Contracted Partners

Updated 8.05.21

Employee Full Name: _____

Company/Employer Name: _____

Primary SDSU Department / Auxiliary Sponsor: _____

“Fully vaccinated” means you received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

By signing this form, I attest that I am fully vaccinated for COVID-19 consistent with the above definition.

I understand that this information may be shared with appropriate SDSU or SDSU Auxiliary administrators who have a specific business need-to-know which employees are fully vaccinated for the purpose of administering workplace safety rules/procedures.

I also understand that if I test positive for COVID-19, I must communicate this immediately to my employer who will share the information with SDSU or SDSU Auxiliary administration and not come to campus until further notice.

Signature: _____

Date: _____

Employer to retain this document with proof of vaccination onsite for verification by [SDSU Sponsoring Department or Auxiliary]