



## COVID-19 Vaccination Affidavit

Fully vaccinated means having received both doses for the brands that require two doses and a single dose for the brands that require one dose. Attach a copy of your completed vaccination card.

- Employees who were fully vaccinated by February 28, 2021 are eligible to receive 50 Healthy Lifestyle Activity Points toward the 2021/22 Discount #2 effective July 2021.
- Employees who are fully vaccinated between March 1, 2021 and February 28, 2022 are eligible to receive 50 Healthy Lifestyle Activity Points toward the 2022/23 Discount #2 effective July 2022.

### EMPLOYEE SECTION

I hereby release this form to the Pima County Human Resources Department – Employee Wellness division in order to validate that I am fully vaccinated for COVID-19. I understand no private health information will be released and verify that the information provided on this form is accurate. I have attached a copy of my vaccination card.

Dose 1 Date: \_\_\_\_\_

Dose 2 Date (N/A if not required): \_\_\_\_\_

<b>EIN</b>	
<b>EMPLOYEE NAME</b>	
<b>EMPLOYEE SIGNATURE / DATE</b>	

### SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- **Email:** [wellness@pima.gov](mailto:wellness@pima.gov)
- **Fax:** (520) 724-8150
- **Mail:** 150 W. Congress, 4<sup>th</sup> Floor



### FOR PIMA COUNTY EMPLOYEE WELLNESS USE ONLY:

<b>Date Received</b>		<b>Submission Type</b>	<input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> in person <input type="checkbox"/> mail	<b>Date Recorded</b>		<b>Completed By</b>	
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*It is your responsibility to keep a copy of this completed form for your records. Any fraudulent representation of this form merits termination of your benefits eligibility and that of your dependents' benefits eligibility rendering invalid all benefits under the plan and requiring repayment of any benefit received pursuant to such misrepresentation or misstatement.*