

# COVID-19 Vaccine Attestation Form

## MassHealth Personal Care Attendant (PCA) Program

This form will help your Consumer-employer verify your vaccine status and make decisions about their safety and personal care, in accordance with 130 CMR 422.000. **Any PCA who refuses to complete this form and/or comply with regulations promulgated, or orders issued, by the Department of Public Health pertaining to COVID-19 vaccination requirements may be subject to discipline, up to and including termination, as determined by their Consumer-employer.**

By signing below, I acknowledge the following:

- I understand that Personal Care Attendants (PCAs) working in the MassHealth PCA Program are required to complete the full required regimen of COVID-19 vaccine doses by October 31, 2021, per the Massachusetts Department of Public Health regulation 105 CMR 159.000, *COVID-19 Vaccinations for Certain Staff Providing Home Care Services in Massachusetts*;
- I have received information regarding the risks and benefits of receiving a COVID-19 vaccine, which includes information available at <https://www.mass.gov/info-details/massachusetts-law-about-vaccination-immunization>;
- I understand that under federal employment law, my Consumer-employer has a legal right to require that I receive a COVID-19 vaccine as a condition of employment. **My Consumer-employer can make hiring, termination, and scheduling decisions based on this requirement.**
- I can produce proof of my vaccination status or proof supporting a qualified exemption.
- I understand that if I qualify for an exemption or if I otherwise do not get the vaccine, I may be at greater risk of contracting COVID-19 and/or spreading it to others; and
- I understand that my Consumer-employer may choose to terminate employment even if I qualify for an exemption if continued employment would pose a direct threat to myself or others in the workplace, or if I cannot perform my essential job functions through a reasonable accommodation without creating an undue burden on my Consumer-employer.

### PCA Vaccine Status

By signing below, I attest to the following under the pains and penalties of perjury (please check one):

- I have completed the full required regimen of COVID-19 vaccine doses. Specifically, I have received two doses of the Pfizer-BioNTech vaccine, or two doses of the Moderna vaccine, or one dose of the Johnson & Johnson vaccine.
- I have received a COVID-19 vaccine exemption based on one of the following (please check one):
  - A licensed independent practitioner who has a practitioner/patient relationship with me has determined that administration of the COVID-19 vaccine is medically contraindicated, meaning the COVID-19 vaccine would likely be detrimental to my health, and I have documentation from said licensed independent practitioner demonstrating this determination; or
  - I object to receiving a COVID-19 vaccine based on a sincerely held religious belief.
- I am not currently vaccinated against COVID-19 and am not requesting (or do not qualify for) an exemption.

PCA Name

PCA Signature

Date Signed

Consumer Name

Consumer, Surrogate, or Legal  
Guardian Signature

Date Signed