

COVID-19 Vaccine Attestation Form

MassHealth Personal Care Attendant (PCA) Program

Updated February 2022

This updated 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: *Personal Care Attendant Services Manual*. **Your Consumer-employer may choose to issue discipline to you, up to and including termination, if you:**

- Refuse to complete this form; or
- Refuse to comply with regulations or orders issued by the Department of Public Health regarding COVID-19 vaccination requirements, including those regarding booster vaccinations

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 as of 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*, and that all new PCAs hired after that date must have completed the full required regimen by the date of hire. The full regimen includes:
 - o Two doses of Pfizer vaccine; OR
 - o Two doses of Moderna vaccine; OR
 - o One dose of the Johnson and Johnson vaccine
- I understand that pursuant to COVID-19 Public Health Emergency Order No. 2022-01 issued by the Commissioner of Public Health on January 6, 2022, that PCAs are required to receive a COVID-19 booster vaccination. I further understand that, as a MassHealth PCA provider, I am required to receive a COVID-19 booster vaccination by March 21, 2022, if I was eligible on or before February 28, 2022, or within three weeks of becoming eligible for a COVID-19 booster vaccination if eligible after February 28, 2022.
- I understand that all new PCAs hired after February 28, 2022, must receive the COVID-19 booster vaccination within three weeks of the date of hire, or within three weeks of becoming eligible for a COVID-19 booster vaccination if not eligible by the date of hire.
- I understand that I am eligible for an additional COVID-19 additional dose or booster vaccination if I received my primary COVID-19 vaccination series at least five months prior (Pfizer or Moderna), or at least two months prior if I received the Johnson and Johnson vaccine, or such other time period as recommended by the CDC. If I become eligible on or after February 28, 2022, I must receive the COVID-19 additional dose or booster vaccination as soon as possible after becoming eligible and no later than three weeks after the date I become eligible.
- I have received information regarding the risks and benefits of receiving a COVID-19 vaccine, which includes information available at www.mass.gov/info-details/massachusetts-law-about-vaccination-immunization.

IMPORTANT: DO NOT send this form back to MassHealth.

This form should not be shared with anyone other than the PCA completing the form and their Consumer-Employer. Do not send this form to your FI or PCM agency.

- I understand that under federal employment law, my Consumer-employer has a legal right to require that I receive a COVID-19 vaccine, including a booster vaccination, 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 and booster 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 or booster, I may be at greater risk of contracting COVID-19 and 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 all that apply)

Vaccinated	<input type="checkbox"/> 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; and <ul style="list-style-type: none"> <input type="checkbox"/> I <u>have</u> received the required COVID-19 booster vaccination(s). <input type="checkbox"/> I <u>have not</u> received the required COVID-19 booster vaccination(s).
Not Vaccinated	<input type="checkbox"/> I have received a COVID-19 vaccine exemption based on one of the following (please check one): <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> I object to receiving a COVID-19 vaccine based on a sincerely held religious belief.
	<input type="checkbox"/> 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
---------------	--	-------------

IMPORTANT: DO NOT send this form back to MassHealth.

This form should not be shared with anyone other than the PCA completing the form and their Consumer-Employer. Do not send this form to your FI or PCM agency.