

# Collaborative Centers Vaccine (COVID-19) and Masking Plan

## Confirmation of Vaccination (or approved exemption)

I, \_\_\_\_\_, have read and understand the Collaborative Center Covid-19 Vaccine and Masking Plan. In compliance with this plan, I have submitted acceptable proof of vaccination as listed in the plan, or received an approved medical/religious exemption pursuant to applicable law. I give permission for the following dates to be shared with designated NMCAA staff for purposes of monitoring compliance to the Head Start Program Performance Standards [1302.93 (a)(1-2) & 1302.94 (a)(1-2)]. I am aware that this information will be kept confidential and only shared with those who have a legitimate business need to know and as otherwise permitted by law.

Final Date of Receipt of COVID-19 Vaccine: \_\_\_\_\_ **OR** Exemption Approval Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, confirm that proof of vaccination, as listed in the plan, or (pursuant to applicable law) an approved medical or religious exemption is stored at the center for the above named staff/volunteer, and the record will be maintained in a separate and confidential medical file as required by law. All such medical information will be treated as confidential to the extent required by law, and will only be shared with those who have a legitimate business need to know and as otherwise permitted by law.

Authorized Center Personnel Signature: \_\_\_\_\_ Date \_\_\_\_\_