## **COVID Health Protocol Attestation** Phillip Burton Immigration & Civil Rights Awards Wednesday, September 14, 2022

- 1. All in-person attendees must certify that they are fully vaccinated. By signing this form, you certify that you are fully vaccinated. An individual is considered fully vaccinated with the following:
  - Two doses of Pfizer-BioNTech and one booster at least five months after;
  - Two doses of Moderna and one booster at least five months after; or
  - One dose of J&J/Janssen and one booster at least two months after.

If you received your second Pfizer-BioNTech or Moderna vaccine less than five months before the conference or first J&J vaccine less than two months before the conference, a booster is not required. We are currently following the CDC's Booster

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2.	All in-person attendees must provide proof of vaccination. Upon checking in onsite at registration, you must provide (a) a
	vaccination card, (b) a digital vaccination record, or (c) a picture of your vaccination card, which must that match your valid photo identification card and name.
3.	All in-person attendees must complete the questionnaire below. To attend the Event, you must certify that are not current feeling ill. If you answer "yes" to any of the three questions below, or exhibit any of the symptoms associated with COVID-1 at any time leading up to the Event, you will not be permitted to attend in-person:
	<ul> <li>In the past 5 days, have you tested positive for or been diagnosed with COVID-19?</li> <li>Yes</li> <li>No</li> </ul>
	• In the past 5 days, have you had close contact with someone who has been diagnosed with COVID-19? Close contact means: (1) being within six feet of the infected person for a total of 15 minutes or more in a 24-hour period; (2) staying overnight or living with an infected person; or (3) having unprotected direct contact to body fluids of the infected person (e.g., cough or sneeze on face or sharing of a drink or a food utensil).
	Yes No
	• In the past 24 hours, have you had one or more of the following symptoms: fever, cough, shortness of breath, difficulty breathing or other respiratory issues, runny or congested nose, diarrhea, chills, fatigue, headache, muscle pain, nausea, sore throat, vomiting or a new loss of taste or smell?
	Yes No
	y COVID-19 symptoms or known or suspected exposures should be disclosed to Immigrant Legal Resource Center nediately.
	e California Department of Health follows CDC guidelines with regard to COVID-19 prevention and mitigation, including ing measures such as:
	<ul> <li>Washing your hands frequently with soap and water for at least 20 seconds and using 60% or greater alcohol-based hand sanitizer if there is no ready access to water.</li> <li>Avoiding touching your eyes, nose or mouth with unwashed hands.</li> </ul>
	<ul> <li>Avoiding touching your eyes, nose of mouth with unwashed hands.</li> <li>Maintaining a social distance of six feet or greater from others when outside your home.</li> </ul>
	Wearing a mask in indoor public settings even if you are vaccinated.
	<ul> <li>Covering coughs and sneezes with a tissue or inside of the elbow if there is no immediate access to tissues.</li> </ul>
	attendees are strongly encouraged to use the hand sanitizer provided, often and as needed or appropriate, and upon entering plic spaces.
 Pri	nted Name
Sig	nature Date