

COVID-19 Vaccine Attestation Form

Updated: March 18, 2022

MassHealth Independent Nurse (IN) Program

This updated form must be completed by each MassHealth enrolled independent nurse, stored in the IN's personal records, and provided to the CCM member and/or their representative to confirm the IN's vaccine status and help the CCM member make decisions about their safety and personal care.

This form must be submitted to the MassHealth agency or its designee upon request.

Any IN 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 will be subject to financial penalty by the MassHealth agency.

By signing below, I acknowledge the following:

- I understand, per the Massachusetts Department of Public Health regulation 105 CMR 159.000 *COVID-19 Vaccinations for Certain Staff Providing Home Care Services in Massachusetts*, that independent nurses (INs) working in the MassHealth IN Program are required to complete the full required regimen of COVID-19 vaccine doses by October 31, 2021. This includes
 - Two doses of the Pfizer or Moderna vaccine; or
 - One dose of the Johnson & 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, INs working in the MassHealth program are required to receive a COVID-19 additional dose or booster vaccination by February 28, 2022. The deadline for compliance with this requirement is being extended to March 21, 2022, for INs working in the MassHealth IN Program.
- 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 & Johnson vaccine, or such other time period as recommended by the CDC. If I become eligible on or after March 21, 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. **The CCM member and/or their representative can choose to not have me provide CSN services based on this requirement.**
- I can produce proof of my vaccination status or proof supporting my need for a valid exemption; and
- 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.

IN 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 the 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 plus a COVID-19 additional dose or booster vaccination.
- ☐ 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, but I have not received a COVID-19 additional dose or booster vaccination as I am not eligible at this time. I will become eligible on _____ (Insert Date).
- ☐ I have requested 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, and I have provided documentation to support this sincerely held religious belief.
- ☐ I am not currently vaccinated against COVID-19 and am not requesting (or do not qualify for) an exemption.

IN Name

IN Signature

Date Signed

CCM Member Name

Member, Surrogate, or Legal
Guardian Signature

Date Signed