



Visitor COVID-19 Vaccination Attestation

To protect the health of our patients, colleagues, and community, Weill Cornell Medicine (WCM) only permits visitors and vendors on-site who have received the COVID-19 vaccine. This form must be completed by visitors and vendors (“visitors”) and returned to their host WCM department **prior** to their arrival on-site at WCM locations.

Section 1: To Be Completed by Visitor

Visitor Name	<input type="text"/>	Visitor CWID <i>(if applicable)</i>	<input type="text"/>
Department	<input type="text"/>	WCM Location	<input type="text"/>
WCM Host Name	<input type="text"/>	Host CWID	<input type="text"/>

Visitor Vaccination Status

Are you fully vaccinated against COVID-19 (i.e., received two doses of Pfizer or Moderna, a single dose of Johnson & Johnson, or a full series of another vaccine authorized by the [World Health Organization](#))?

Yes No

Visitor Attestation

I attest that I have truthfully answered the question above and that failure to do so can lead to disciplinary action, up to and including termination of my engagement with Weill Cornell Medicine.

Visitor Signature	<input type="text"/>	Date	<input type="text"/>
Visitor Name (print)	<input type="text"/>		

Section 2: To Be Completed by CAO/DA

CAO/DA Verification

CAO/DA Signature	<input type="text"/>	Date	<input type="text"/>
CAO/DA Name (print)	<input type="text"/>		

Visitors: Please return this form to your WCM host/supervisor.

Department: Please retain this form in your department records.