



UNIVERSITY OF CALIFORNIA

ATTESTATION OF NON-COVERED INDIVIDUAL STATUS

SARS-CoV-2 (COVID-19) Vaccination Requirement

TO:	STUDENT NAME/EMAIL	STUDENT ID
FROM:	ISSUING OFFICE UCI Student Health Center	ISSUING OFFICE PHONE/EMAIL 949-824-5301
	ISSUING AUTHORITY NAME UCI Student Health Center	ISSUING AUTHORITY TITLE Medical Director/UCI Student Health Center
CC:	LOCATION VACCINE AUTHORITY NAME/EMAIL UCI Student Health Center	

A Covered Individual under the SARS-CoV-2 Vaccination Program Policy includes anyone designated as Personnel, Students, or Trainees under the Policy who physically accesses a University Facility or Program in connection with their employment, appointment, or education/training. All Covered Individuals must comply with the Policy. You are a Covered Individual, and must comply with the Policy, **even if you will be physically present on campus or at a UC program only for a moment.**

To verify that you are not a Covered Individual, please initial each of the following statements and sign and date at the bottom of this form. Attestations of Non-Covered Individual status are valid until the end of the academic quarter and are subject to audit. UCI will check course registrations, facility access documents and other records to verify your answers on this form.

1. Initial here: _____ I will not physically access any University of California facility (including any portion of the UCI campus or any buildings that UCI leases).
2. Initial here: _____ I will not physically access any program or activity operated by the University of California.
3. Initial here: _____ I will inform UCI (via the Student Health Center) before physically accessing any University of California facility, program or activity.
4. Initial here: _____ I will comply with the SARS-CoV-2 Vaccination Program Policy before physically accessing any University of California facility, program or activity.

You are not compliant with the Policy until you upload this form to the Student Health Patient Portal.

Thank you.
UCI Student Affairs
UCI Student Health Center

Print Full Name:
Signature:
Date: