American Indian Higher Education Consortium, 121 Oronoco Street, Alexandria, VA 22314

Certification of Vaccination
Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. The American Indian Higher Education Consortium (AIHEC) requires all Participants attending AIHEC-related meetings, functions and conducting in-person business on behalf of AIHEC to be fully vaccinated (see ‘Fully Vaccinated Status’ below for guidelines). AIHEC takes guidance from the Centers for Disease Control and Prevention (CDC) to maximize protection, including guidance on vaccine doses and boosters.

Fully Vaccinated:
An individual (e.g. Participant) is considered fully vaccinated:
1. Two weeks after receiving the second dose in a two-dose series, such as the Pfizer or Moderna vaccines
2. OR two weeks after receiving a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine
3. AND two weeks after receiving the COVID-19 booster
4. AIHEC recommends receiving the 2nd COVID-19 booster (and subsequent boosters, as recommended by CDC)

If an individual does not meet ALL above requirements, the individual is not considered fully vaccinated.

My Vaccination Status
By checking the box below, I declare that the following statement is true:

__ I am fully vaccinated
__ I have not been fully vaccinated but have an exemption.

If I have not been fully vaccinated, as defined above, I understand that I may not attend any in-person AIHEC-related meetings and/or events.

I understand it is my responsibility to take all necessary health precautions in order to protect myself while traveling, including but not limited to: wearing a mask at all times while in public spaces and frequent hand washing. Further, I understand that if I contract COVID while on AIHEC-sponsored travel, and as a result, quarantine is required before travel, I am solely responsible for any and all expenses and additional fees incurred during my quarantine.

_______________________________________
Name

_______________________________________
Signature

Date: ______________