

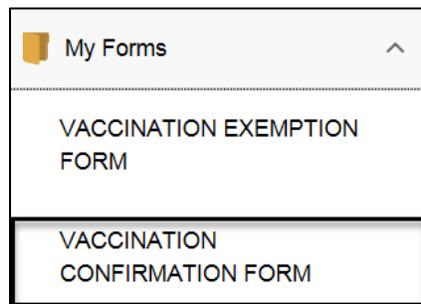


HOW TO SUBMIT A VACCINATION CONFIRMATION FORM

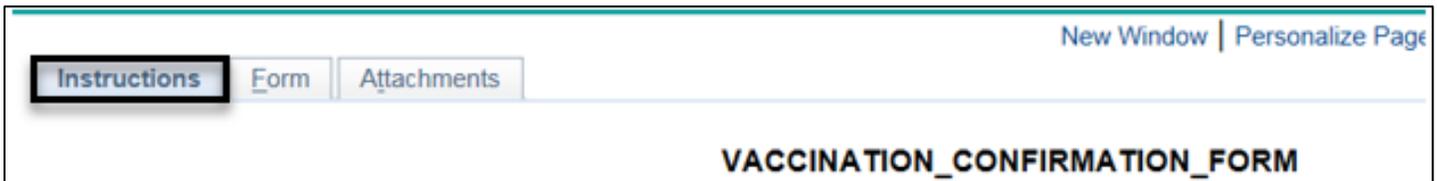
INSTRUCTIONS

These instructions will go over the process of submitting a vaccination confirmation form in PeopleSoft. Please note, there are separate instructions on how to submit a vaccination exemption form.

STEP	Instructions
1)	<p>Log in to PeopleSoft. Click on  and  navigate to:</p> <p>Employee Dashboard → My Forms → VACCINATION CONFIRMATION FORM</p>



STEP	Instructions
2)	<p>The VACCINATION CONFIRMATION FORM is for employees who have received their second dose of either the Moderna or Pfizer COVID-19 vaccination, or a single dose of the Johnson & Johnson vaccination.</p> <p>Select the Instructions tab and read the instructions prior to submitting your confirmation form.</p>



STEP	Instructions
3)	Select the Form tab to begin completing the vaccination confirmation form.

Instructions **Form** Attachments

VACCINATION_CONFIRMATION_FORM

STEP	Instructions
4)	Under Return to Work Date , enter the date (7/1/21 or later) you expect to return to work onsite. If your return to work date is unknown at this time, please leave this field blank.

Instructions **Form** Attachments

VACCINATION_CONFIRMATION_FORM

*Subject

Priority 3-Standard

Status Initial

Return to Work Date

STEP	Instructions
5)	Under Vaccination Status , you must check the box stating you are fully vaccinated and enter the date of your second Pfizer/Moderna or single Johnson & Johnson vaccination.

Vaccination Status

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson & Johnson vaccination:

STEP	Instructions
6)	Read the information under AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION . Check the box next to “I Agree” and print your full legal name to agree to the terms.

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

Type(s) of medical information to be disclosed: COVID-19 vaccination information that I provide to SDCCD, including information regarding a medical exemption, if any ("Vaccination Information").

Persons authorized to use and disclose the medical information: Employees of SDCCD who have an operational or administrative need to access, use and disclose the information in order to implement SDCCD policies, procedures and programs.

Persons or entities authorized to receive the medical information: Employees of SDCCD who have an operational or administrative need to access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures and programs; outside agencies when legally permitted or required, such as the local health department or the California Department of Industrial Relations; and third-party administrators when required for the administration of SDCCD programs, such as Workers' Compensation and insurance benefits.

Limitations on the use of the medical information: The Vaccination Information shall be used only as specified in this authorization, and only for the purposes listed above.

Duration of the Authorization: This authorization shall remain valid until cancelled by the undersigned employee, or until the employee is separated from employment with SDCCD, whichever occurs first.

I understand that I may view this authorization at any time through the mySDCCD internet portal, also known as PeopleSoft, and that I may print a copy of this webpage for my records. I understand and acknowledge that by selecting "I agree" and entering my name below, I am authorizing SDCCD to use my vaccination information as stated above and this electronic form has the same force and effect as a paper form with an original signature. By selecting "I agree" and entering my name below, I certify, under the penalty of perjury under the laws of the State of California, that I am the employee submitting this authorization, and I affirm I am telling the truth and I understand a false statement may be considered dishonesty and result in disciplinary action.

I agree 

*Please print your full legal name: 

STEP	Instructions
7)	When the form is complete, select Save at the bottom of the Form tab.

I agree

*Please print your full legal name:



STEP	Instructions
8)	After selecting Save , a popup will appear asking for you to attach your proof of vaccination prior to your submission. Select Ok . Please note, "Preview Approval" and "Submit" buttons will also pop up on the Form tab. Do not select either until completing the Attachments tab.

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

Type(s) of medical information to be disclosed: COVID-19 vaccination information and medical exemption, if any ("Vaccination Information").

Persons authorized to use and disclose the medical information: Employees of SDCCD access, use and disclose the information in order to implement SDCCD policies, procedures, and programs.

Persons or entities authorized to receive the medical information: Employees of SDCCD access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures, and programs, legally permitted or required, such as the local health department or the California Department of Public Health administrators when required for the administration of SDCCD programs, such as Workers' Compensation and insurance benefits.

Limitations on the use of the medical information: The Vaccination Information shall be used only as specified in this authorization, and only for the purposes stated above.

Attach documents prior to Submitting. (31002,1)

Please attach proof of vaccination prior to submitting.

OK

Instructions
Form
Attachments

Seq Nbr 14 VACCINATION_CONFIRMATION_FORM

*Subject

Priority 3-Standard ▼ Due Date

Status Initial

Preview Approval
Submit

Do not select until after Attachments tab is complete.

STEP	Instructions
9)	Select the Attachments tab.

Instructions
Form
Attachments

Seq Nbr 14 VACCINATION_CONFIRMATION_FORM

*Subject

STEP	Instructions
10)	Under Upload Your Attachments , select Attach to upload your proof of vaccination (copy of vaccination card, email of vaccination confirmation, or other valid confirmation).

Instructions | Form | Attachments

Seq Nbr 6 VACCINATION_CONFIRMATION_FORM

*Subject

Download Templates Personalize | Find | View All | First 1 of 1 Last

Description	Attached File	Open
1		Open

Upload your attachments Personalize | Find | View All | First 1 of 1 Last

*Description	Attached File	Attach	Open
1		Attach	Open

NOTE: After attaching documents, go back to "Form" tab to save form.

STEP	Instructions
11)	Locate the document you would like to attach by selecting Choose File .

Instructions | Form | Attachments

Seq Nbr 6 VACCINATION_CONFIRMATION_FORM

*Subject

Download Templates Personalize | Find | View All | First 1 of 1 Last

Description	Attached File	Open
1		Open

Upload your attachments Personalize | Find | View All | First 1 of 1 Last

*Description	Attached File	Attach	Open
1		Attach	Open

NOTE: After attaching documents,

File Attachment

Choose File No file chosen

Upload Cancel

Notify

STEP	Instructions
12)	Select Upload to upload your proof of vaccination.

Instructions | **Form** | Attachments

Seq Nbr: 6 VACCINATION_CONFIRMATION_FORM

*Subject []

Download Templates Personalize | Find | View All | [] [] First 1 of 1 Last

Description	Attached File	Open
1		Open

Upload your attachments Personalize | Find | View All | [] [] First 1 of 1 Last

*Description	Attached File	Attach	Open
1 []		Attach	Open

NOTE: After attaching documents, []

File Attachment [X]

Choose File Proof of Vaccination.docx

Upload Cancel

Notify

STEP	Instructions
13)	After uploading your proof of vaccination, return to the Form tab.

Instructions | **Form** | Attachments

Seq Nbr: 6 VACCINATION_CONFIRMATION_FORM

*Subject []

Download Templates Personalize | Find | View All | [] [] First 1 of 1 Last

Description	Attached File	Open
1		Open

Upload your attachments Personalize | Find | View All | [] [] First 1 of 1 Last

*Description	Attached File	Attach	Open
1 Proof_of_Vaccination.docx	Proof_of_Vaccination.docx	Attach	Open

NOTE: After attaching documents, go back to "Form" tab to save form.

STEP	Instructions
14)	Select Save at the bottom of the page. Then, select Submit at the top of the page.

Instructions
Form
Attachments

Seq Nbr 30 **VACCINATION_CONFIRMATION_FORM**

*Subject

Priority 3-Standard Return to Work Date

Status Initial Preview Approval Submit

Vaccination Status

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson & 21

Johnson vaccination:

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

Type(s) of medical information to be disclosed: COVID-19 vaccination information that I provide to SDCCD, including information regarding a medical exemption, if any ("Vaccination Information").

Persons authorized to use and disclose the medical information: Employees of SDCCD who have an operational or administrative need to access, use and disclose the information in order to implement SDCCD policies, procedures and programs.

Persons or entities authorized to receive the medical information: Employees of SDCCD who have an operational or administrative need to access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures and programs; outside agencies when legally permitted or required, such as the local health department or the California Department of Industrial Relations; and third-party administrators when required for the administration of SDCCD programs, such as Workers' Compensation and insurance benefits.

Limitations on the use of the medical information: The Vaccination Information shall be used only as specified in this authorization, and only for the purposes listed above.

Duration of the Authorization: This authorization shall remain valid until cancelled by the undersigned employee, or until the employee is separated from employment with SDCCD, whichever occurs first.

I understand that I may view this authorization at any time through the mySDCCD internet portal, also known as PeopleSoft, and that I may print a copy of this webpage for my records. I understand and acknowledge that by selecting "I agree" and entering my name below, I am authorizing SDCCD to use my vaccination information as stated above and this electronic form has the same force and effect as a paper form with an original signature. By selecting "I agree" and entering my name below, I certify, under the penalty of perjury under the laws of the State of California, that I am the employee submitting this authorization, and I affirm I am telling the truth and I understand a false statement may be considered dishonesty and result in disciplinary action.

I agree

*Please print your full legal name:

Save

Instructions Form Attachments

Seq Nbr 30 **VACCINATION_CONFIRMATION_FORM**

*Subject: _____

Priority 3-Standard Return to Work Date _____

Status Initial Preview Approval **Submit**

Vaccination Status

Please check the box and enter the appropriate date below. The data entered must be prior to the date you submit this form:

I am fully vaccinated against COVID-19

*Enter the date of your 2nd Pfizer/Moderna vaccination or single Johnson & _____
Johnson vaccination:

**AUTHORIZATION FOR USE AND DISCLOSURE
OF MEDICAL INFORMATION**

I, the undersigned, authorize my employer, San Diego Community College District ("SDCCD"), to use and disclose my medical information as follows:

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Persons or entities authorized to receive the medical information: Employees of SDCCD who have an operational or administrative need to access, use and disclose the Vaccination Information in order to implement SDCCD policies, procedures and programs; outside agencies when legally permitted or required, such as the local health department or the California Department of Industrial Relations; and third-party administrators when required for the administration of SDCCD programs, such as Workers' Compensation and insurance benefits.

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I agree

*Please print your full legal name: _____

Save

STEP	Instructions
15)	You will receive an email notification once your form has been approved or denied.