



**SEMINAR/ TRAINING/GUEST
COVID-19 SELF-DECLARATION FORM**



In an effort to reduce the risk of COVID-19 exposure, all Training/Seminar attendees and guests must complete the following self-declaration form and comply with COVID-19 policies in place in the Productivity Quality Inc. building/s:

Name: _____ Phone number: _____

Please select one:

- I have been fully vaccinated for COVID-19.** People are considered fully vaccinated 2+ weeks after they have received the second dose in a 2-dose series (Pfizer or Moderna), or 2+ weeks after they have received a single dose vaccine (Johnson & Johnson).

- I am not fully vaccinated, and I agree to wear a mask during my visit.**

Note: If you have been fully vaccinated, please be prepared to show a copy of your vaccination record. A picture of your record on your phone will be sufficient. We will not retain a copy of your vaccination record.

Visitor signature: _____

Date: _____