

CONFIDENTIAL SELF-CERTIFICATION VACCINATION ATTESTATION

By selecting "I CERTIFY" and signing below, I certify:

1. I received the COVID-19 vaccine(s) I have indicated below.
2. I am up to date with all recommended COVID-19 vaccines, including any booster dose(s) when eligible

I understand that the Minnetonka Center for the Arts will use this information to comply with applicable public health regulations or requirements and to monitor compliance with the Art Center's COVID-19 Policies and that it is my responsibility to provide complete and accurate information.

Select the vaccine type(s):

- Johnson & Johnson
- Moderna
- Pfizer

I CERTIFY: _____
(Student name/signature)

DATE: _____