CONTRACOSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To:	All Staff, Code 2A	Date:	January 5, 2022
From:	Kathy Marsh, EHSD Acting Director		
Subject:	Proof of COVID-19 Booster		

To comply with new COVID-19 reporting requirements from Risk Management, as well as in anticipation of requests for information from the County Administrator and/or Board of Supervisors, if you received your COVID-19 booster EHSD highly encourages you to provide proof.

If you already received your booster and have not submitted proof of vaccination to Personnel Services, please scan and send to your proof of vaccination to:
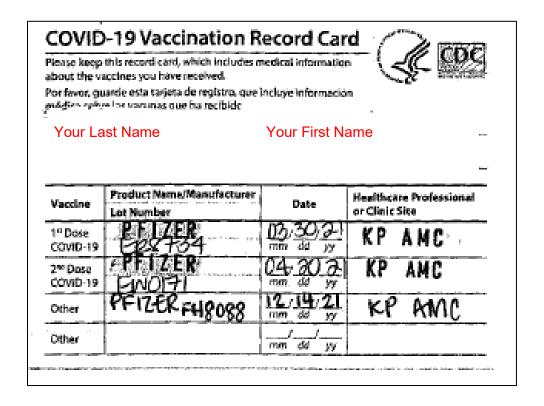
- Personnel Services at: EHSD_Personnel_Forms@ehsd.cccounty.us
- 5-digit employee number in the email Subject line

Only the sources of verification outlined below are acceptable as proof of vaccination.

1. A photocopy of the CDC Card or WHO Yellow Card. The employee should be instructed to redact any other medical information that may appear, such as other vaccinations received. See Attachment A for an example.

2. A photocopy of the individual's COVID-19 Vaccine record, obtained through the portal: https://myvaccinerecord.cdph.ca.gov/. The employee should be instructed to redact any other medical information that may appear. See Attachment B for an example.

At this time, submitting proof of COVID-19 booster is optional. If you have questions about this memo, please contact your assigned Departmental HR Analyst.

A photocopy of the CDC Card or WHO Yellow Card. The employee should be instructed to redact any other medical information that may appear, such as other vaccinations received.

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Your Last Name   Your First Name

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	PFIZER EW734	03 30 21 mm dd yy	KP AMC
2nd Dose COVID-19	PFIZER EW0171	04 20 21 mm dd yy	KP AMC
Other	PFIZER FH8088	12 14 21 mm dd yy	KP AMC
Other		__/__/__ mm dd yy	

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