



**United States District Court
Middle District of Louisiana
Vaccination Attestation Form**

The purpose of this form is to memorialize the COVID-19 vaccination status of the individual named herein to assist in the prevention of the spread of COVID-19 and to help protect the health and safety of people in judiciary facilities. Please sign and complete this form to establish your COVID-19 vaccination status. You need not provide any medical information with this form.

Name: _____ **Bar Roll No.** _____

Email: _____ **Phone No.** _____

Classification (Select One):

- Attorney/Litigation Staff Russell B. Long Federal Building and U.S. Courthouse/
U.S. Bankruptcy Court Tenant

I understand that I am required to provide accurate information on this form and that false statements could subject me to legal consequences, including fines and/or imprisonment. By checking the box below and signing this attestation form, I hereby declare under penalty of perjury that the following statement is true and correct to the best of my knowledge and belief:

- I am fully vaccinated.
 I am not vaccinated, but will request a medical or religious exemption.

I further understand that I may be called upon to provide proof of vaccination once inside the Russell B. Long Federal Building and United States Courthouse and the United States Bankruptcy Court.

Your signature here: _____ Date: _____

Submit completed forms by mail or email: vaxexemption@lamd.uscourts.gov

¹ "Fully vaccinated" is defined as two weeks after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or the single-dose vaccine (Johnson & Johnson).