

## Using paper forms to submit your documentation


If you must use paper forms to submit your vaccine verification or negative test result documentation, here's how you can access the forms:

1. Use the forms attached at the end of this document
2. Download and print the forms from the Hub
  - o Both forms are posted on the COVID Compliance Guide on the Hub ([hub.boston.gov/covidcompliance](https://hub.boston.gov/covidcompliance)) under the section titled Printable Resources and Forms
3. Visit your Departmental HR rep in-person to obtain a copy of the form you need

### Filling out the paper forms

#### If you are submitting a vaccine verification form:

- FULL NAME:
- BIRTH DATE:
- DEPARTMENT:
- EMPLOYEE/SPONSOR ID:
- EMAIL:
- VACCINE MANUFACTURER:
- DATE OF 1st DOSE:
- DATE OF 2nd DOSE:
- SIGNATURE:
- Attach a copy (not the original document) of your vaccine card or other COVID-19 vaccination documentation



**COVID VACCINE VERIFICATION FORM**

*Confidential Medical Record*

- Submit this paper form **only** if you are unable to upload your documentation through the COVID compliance portal on Access Boston (<https://access.boston.gov>).
- Please print clearly and legibly.
- A photocopy of your negative screening test result must be attached to this completed form.
- Your signature is required to verify this information and attached documentation.

FULL NAME: John Doe  
 BIRTH DATE: 01/10/1957  
 DEPARTMENT: \_\_\_\_\_  
 EMPLOYEE/SPONSOR ID: BTD  
 EMAIL: 000  
 VACCINE MANUFACTURER: John.doe@boston.gov  
 DATE OF 1st DOSE: Pfizer  
 DATE OF 2nd DOSE: \_\_\_\_\_  
 SIGNATURE: 04/16/21  
John Doe

By signing above, I affirm that the information I have provided is accurate and complete to the best of my knowledge and belief, and that any misrepresentation of this information will provide grounds for employment discipline, up to and including termination.

CITY OF BOSTON | Office of Human Resources | 1 City Hall Square | Room 612 | Boston, MA

#### If you are submitting a negative test result verification form:

- FULL NAME
- BIRTH DATE
- EMPLOYEE/SPONSOR ID
- DEPARTMENT
- EMAIL
- DATE OF NEGATIVE TEST
- SIGNATURE
- Attach a copy (not the original document) of your negative screening test result



**NEGATIVE COVID TEST VERIFICATION FORM**

*Confidential Medical Record*

- Submit this paper form **only** if you are unable to upload your documentation through the COVID compliance portal on Access Boston (<https://access.boston.gov>).
- Please print clearly and legibly.
- A photocopy of your negative screening test result must be attached to this completed form.
- Your signature is required to verify this information and attached documentation.

FULL NAME: John Doe  
 BIRTH DATE: 01/10/1957  
 EMPLOYEE/SPONSOR ID: 000  
 DEPARTMENT: \_\_\_\_\_  
 EMAIL: BTD  
 DATE OF NEGATIVE TEST: John.doe@boston.gov  
 SIGNATURE: 9/20/21  
John Doe

By signing above, I affirm that the information I have provided is accurate and complete to the best of my knowledge and belief, and that any misrepresentation of this information will provide grounds for employment discipline, up to and including termination.

CITY OF BOSTON | Office of Human Resources | 1 City Hall Square | Room 612 | Boston, MA

**Submitting your Paper Forms**

You will bring your printed form and a copy of your verification documentation (not the original document) to your Department's HR office.

**Do not email this form.** Because communications via email over the internet are not secure, there is a possibility that information you include in an email can be intercepted and read by parties other than the person to whom it is addressed.

**Stay tuned for more information about the paper process. Your Department will be in touch to provide further details.**

---

**For further instructions, FAQs, and additional information regarding this policy or process, please see the Covid Compliance Guide on the Hub.**

- The guide is linked in this banner which will appear at the very top of any page you visit on the Hub, or you can log in and enter the URL ***hub.boston.gov/covidcompliance***

COVID COMPLIANCE

Information & Resources

[GO TO PAGE](#)



# COVID VACCINATION VERIFICATION FORM

## Confidential Medical Record

- Submit this paper form **only if** you are unable to upload your documentation through the COVID compliance portal on Access Boston (<https://access.boston.gov>)
- Please print clearly and legibly.
- A photocopy of your vaccination record or other approved documentation must be attached to this completed form.
- Your signature is required to verify this information and attached documentation.
- Please submit this completed form, with attachment, to your Department Human Resources personnel or to Central OHR, in printed form. **Do not email this form.** Because communications via email over the internet are not secure, there is a possibility that information you include in an email can be intercepted and read by parties other than the person to whom it is addressed.

**FULL NAME:**

**BIRTH DATE:**

**DEPARTMENT:**

**EMPLOYEE/SPONSOR ID:**

**EMAIL:**

**VACCINE MANUFACTURER:**

**DATE OF 1st DOSE:**

**DATE OF 2nd DOSE:**

**SIGNATURE:**

By signing above, I affirm that the information I have provided is accurate and complete to the best of my knowledge and belief, and that any misrepresentation of this information will provide grounds for employment discipline, up to and including termination.



City of Boston  
Human Resources

# NEGATIVE COVID TEST VERIFICATION FORM

## Confidential Medical Record

- Submit this paper form **only if** you are unable to upload your documentation through the COVID compliance portal on Access Boston (<https://access.boston.gov>).
- Please print clearly and legibly.
- A photocopy of your negative screening test result must be attached to this completed form.
- Your signature is required to verify this information and attached documentation.
- Please submit this completed form, with attachment, to your Department Human Resources personnel or to Central OHR, in printed form. **Do not email this form.** Because communications via email over the internet are not secure, there is a possibility that information you include in an email can be intercepted and read by parties other than the person to whom it is addressed.

FULL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

EMPLOYEE/SPONSOR ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF NEGATIVE TEST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*By signing above, I affirm that the information I have provided is accurate and complete to the best of my knowledge and belief, and that any misrepresentation of this information will provide grounds for employment discipline, up to and including termination.*