

Printed Name: Erik Gladsjo

## **COVID-19 Vaccine Attestation**

Today's Date:06/04/21	
Vaccine Certification:	
I attest that I am "fully vaccinated" against COVID-19 per CDC guidelines. "Fully vaccinated" means has been at least <b>two (2) weeks</b> since I received:	it
<ul> <li>a single-dose vaccine (such as Johnson &amp; Johnson); or</li> <li>the second dose of a two-dose vaccine (such as Pfizer or Moderna).</li> </ul>	
I provide this information on a voluntary and non-confidential basis, certify that it is true and correct and authorize Hudson Bay Insulation to verify with any appropriate parties the information contain herein.  Date of Final COVID-19 Vaccine:	
Hudson Bay Insulation Co. Guidelines and Protocols Agreement:  By signing my name below, I also agree to comply with all HBI's guidelines and protocols related to COVID-19.	
Signature:	21

Revised: 05/26/2021 Page | 1