



May 28, 2021

Harris County COVID-19 Silver Sticker Program

Background: With the increased accessibility of vaccines, on March 29, 2021, all adults in Texas became eligible to receive a COVID-19 vaccine. Since then, the Center for Disease Control (CDC) has issued updated guidance concerning recommendations for people who are fully vaccinated. This updated guidance is a direct result of the high efficacy of the available COVID-19 vaccines and the minimal chance of someone who is fully vaccinated becoming infected or contributing to the virus' spread.

According to the CDC, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Program Guidelines: For those Harris County employees who meet the definition of fully vaccinated and wish to do so, they may voluntarily disclose this information to their Department's Human Resources office. Participating in this program is completely voluntary, and employees may not be compelled by management in any way to participate. Employees who are not vaccinated or those who do not wish to participate in this program, will not be discriminated against in any way. Other Harris County identification card holders (contractors, temp. agency employees, etc.) are not eligible for the Silver Sticker Program.

If an employee chooses to voluntarily disclose that they meet the CDC definition of being fully vaccinated and wish to participate in the Silver Sticker Program, the employee will:

- Be asked to sign a form stating that they have voluntarily disclosed their vaccination status and that they meet the definition of fully vaccinated (departments will retain a copy of the signed form but NOT in the employee's personnel file).
- Show their vaccination card to their Department Human Resources office (departments will NOT retain a copy of the card). See Exhibit 1 for examples of properly completed vaccination cards.
- Receive a single-use silver sticker with the initials "HC" which the employee will place on the back of their County issued identification (ID) card.



Employees with an "HC" sticker are able to:

- Avoid having to wear face coverings and other COVID-19 related protective equipment at County owned and controlled facilities.
- Voluntarily practice relaxed social distancing guidelines as long as other employees do not object. Refer to the [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#) for additional information.
- Avoid quarantining or be tested for COVID-19 following domestic travel. (Note: employees returning from international travel need to refer to the [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#) for additional information).

It is incumbent that employees who are participating in this program and are entering a Harris County owned or controlled facility are not exhibiting COVID-19 symptoms, have not recently tested positive for COVID-19, and are not currently quarantining with a confirmed or suspected case of COVID-19 as this may increase the possibility of spreading the COVID-19 virus. Employees who are participating in this program must still undergo the temperature check and screening process and show their sticker when entering a County owned or controlled facility.

The HC sticker is single-use and will be considered “void” if damaged or removed. If the employee returns the pealed portion of the sticker to their Department’s Human Resources, they may be issued another sticker without further action. If the employee is unable to return the pealed portion, it is up to the Department on whether a new sticker will be issued.

Harris County can revoke this privilege to County employees at any time. This program does not apply to visitors of County-owned and controlled facilities.

Exhibit 1: Vaccination Card Examples

Pfizer Vaccination Card

A completed Pfizer vaccine card will have the following information:

- First and Last Name
- Date of Birth
- 1st and 2nd dose Product Name with Lot Number
- Dates of administration and Healthcare Professional/Clinic
- Individual is full vaccinated 14 days after 2nd dose

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.



Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Doe		John		Vaccine	
Last Name		First Name		COVID-19 vaccine Vacuna contra el COVID-19	
12/25/1998				04 / 22 / 21	
Date of Birth		Patient number (medical record or ID record number)		mm / dd / yy	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site	Other Otra	
1 st Dose COVID-19	Pfizer #12345	04 / 01 / 21 mm / dd / yy	HCPH		
2 nd Dose COVID-19	Pfizer #54321	04 / 22 / 21 mm / dd / yy	HCPH		
Other		mm / dd / yy			
Other		mm / dd / yy			

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.
Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

For more information about COVID-19 and COVID-19 vaccines, visit cdc.gov/coronavirus/2019-ncov/index.html.
Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite www.cdc.gov/coronavirus/2019-ncov/index.html.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.
Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (NARS) en vaers.hhs.gov.



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Moderna Vaccination Card

A completed Moderna vaccine card will have the following information:

- First and Last Name
- Date of Birth
- 1st and 2nd dose Product Name with Lot Number
- Dates of administration and Healthcare Professional/Clinic
- Individual is full vaccinated 14 days after 2nd dose

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.



Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Doe		John		Vaccine	
Last Name		First Name		COVID-19 vaccine Vacuna contra el COVID-19	
12/25/1998				03 / 29 / 21	
Date of Birth		Patient number (medical record or ID record number)		mm / dd / yy	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site	Other Otra	
1 st Dose COVID-19	Moderna #56789	03 / 01 / 21 mm / dd / yy	HCPH		
2 nd Dose COVID-19	Moderna #98765	03 / 29 / 21 mm / dd / yy	HCPH		
Other		mm / dd / yy			
Other		mm / dd / yy			

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.
Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

For more information about COVID-19 and COVID-19 vaccines, visit cdc.gov/coronavirus/2019-ncov/index.html.
Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite www.cdc.gov/coronavirus/2019-ncov/index.html.

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Janssen J & J Vaccination Card

A completed Janssen/Johnson & Johnson vaccine card will have the following information:

- First and Last Name
- Date of Birth
- 1st dose Product Name with Lot Number (2nd dose is not applicable)
- Date of administration and Healthcare Professional/Clinic
- Individual is considered fully vaccinated 14 days after single dose

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.

Doe John MI
 Last Name First Name MI
 12/25/1998
 Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Janssen J & J #24680	04 / 01 / 21 mm dd yy	HCPH
2 nd Dose COVID-19		/ / mm dd yy	
Other		/ / mm dd yy	
Other		/ / mm dd yy	



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HCPH Revised Vaccination Cards

Harris County Public Health issued a revised vaccination card. See example below:

COVID-19 Vaccination Record Card
 Please keep this record card, which includes medical information about the vaccine you have received.
 Por favor, guarde esta tarjeta de registro que incluye información médica sobre las vacunas que ha recibido.

Harris County Public Health Building a Healthy Community

Last Name First Name MI
 Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		/ / mm dd yy	
2 nd Dose COVID-19		/ / mm dd yy	
Other		/ / mm dd yy	
Other		/ / mm dd yy	

#IGOTMYSHOT COVID19

REMINDER! RETURN FOR A SECOND DOSE!
 ¡RECUERDE VOLVER PARA SU SEGUNDA DOSIS!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	/ / mm dd yy
Other Otra	/ / mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at [vaers.hhs.gov](https://www.vaers.hhs.gov).

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.espanol.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en [vaers.hhs.gov](https://www.vaers.hhs.gov).



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