



**Harris County Silver Sticker Program Consent Form**

Employee ID: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Department: \_\_\_\_\_

I am voluntarily participating in the Harris County Silver Sticker Program and confirm the following:

I have read the Harris County COVID-19 Silver Sticker Program letter (attached).

I am participating in this program voluntarily.

I meet the definition of being fully vaccinated as defined by CDC guidelines.

I am voluntarily providing proof of vaccination to my Department's Human Resource office and I understand that a copy of my vaccination card is not being retained by my Department's Human Resource office.

I understand that not all other employees and visitors to Harris County owned or controlled properties will be comfortable with relaxed social distancing, and I will respect their wishes.

I understand that I will treat people not participating in this program, whether vaccinated or not, no different than people who are participating.

When going through screening at a Harris County owned or controlled facility, I will show the "HC" sticker to the screener.

I will not attempt to enter a Harris County owned or controlled facility if I am exhibiting COVID-19 symptoms, have recently tested positive for COVID-19, and are currently quarantining with a confirmed or suspected case of COVID-19.

I understand a copy of this form will be retained by my Department's Human Resource's office.

If my silver sticker is damaged, I will immediately report it to my Department's Human Resources office and will make every attempt to save any portions that peeled off.

I understand that the Harris County Silver Sticker Program may be revoked at any time.

I understand this voluntary consent remains in effect until the May 25, 2021 Harris County Commissioners Court Order Requiring Fever and Health Screening and Face Coverings in County Owned Buildings expires or is rescinded by Commissioners Court.



I understand I have the right to revoke this consent by removing the sticker from my badge and surrendering the sticker to my Department's Human Resource office.

I understand that I am not entitled to the benefit(s) of the Harris County Silver Sticker Program unless I sign below.

I understand there is a potential my vaccination status may be redisclosed by the recipient in which case confidentiality of this information will no longer be protected.

I agree to hold harmless Harris County, its officials, agents, employees, volunteers and officers from any and all claims whatsoever of any nature arising out of or in relation to my participation in the Harris County COVID-19 Silver Sticker Program including public disclosure of my COVID-19 vaccination status.

I acknowledge receipt of a copy of this signed consent form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_