***THIS FORM IS ONLY FOR THE USE OF THOSE PEOPLE WHO DO NOT HAVE ACCESS TO LIFEGUARD. If you have access to LifeGuard, please go to the COVID-19 tab on your homepage and record this data directly; no form is required   
(QRG on LifeGuard homepage).***

**CONFIDENTIAL**

This form and supporting evidence of vaccination is to be provided to your supervisor (for LifeGuard entry)   
or emailed along with supporting evidence to [HSECovid19@linxcc.com.au](mailto:HSECovid19@linxcc.com.au).

**Evidence requirements:**

**Dose 1 -** **text, email, QR code from testing site, vaccination card, or vaccination certificate.**

**Dose 2 - digital vaccination passport.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee name** |  | | | | | | | | |
| **Employee ID** |  | | | | | | | | |
| **Business Unit** |  | | | | | | | | |
| **Site** |  | | | | | | | | |
| **Vaccination Status** | 1st Dose | | Fully Vaccinated | Unable to be vaccinated for medical reasons | | Do not intend to  be vaccinated | | Intend to  be vaccinated | |
| **Vaccination 1** | **Date** |  | | | **Evidence attached** | | Yes | | No |
| **Vaccination 2** | **Date** |  | | | **Evidence attached - digital vaccination passport** | | Yes | | No |
| **Vaccination certificate** | **Evidence attached** | | | | Yes | | No | | |

Your vaccination information will be entered into LifeGuard under limited access arrangements in accordance with the current protocol of the business for dealing with medical records. The COVID-19 email address is only accessible to limited employees, and the email you send through will be destroyed once this information is entered into the system. The information will only be accessible to those who require it to address matters related to the health and safety of our work environment and to ensure compliance with applicable public health orders and directives.

***Logo

Description automatically generated***