

COVID19 Disclosure Form

Our goal is to provide a safe work and training environment for our customers and employees, and to advance the safety of our local community. The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic.

At this time, many customers and legal requirements are being imposed upon Shimadzu Scientific Instruments as an employer in reference to COVID19 and related vaccinations. To meet these requirements, we are requiring that all customers attending in-person training be fully vaccinated before entering the Training facilities. We are using the attached form to accomplish that goal, and ask all persons coming to training to complete the form and return it after registration.

Please check the box that appropriately corresponds to your situation.

I certify that I am fully vaccinated as of the date recorded below.

I am not fully vaccinated as of the date recorded below, but my intention is to be fully vaccinated by: _____.

By signing this document, I acknowledge I have read and understand the information stated above and that the answers I have provided below are true and accurate.

Name:

Print

Signature

Date of fully vaccinated status: _____

e-mail the completed form to: training@shimadzu.com