



COVID-19 Vaccination Incentive Survey

Please save this document to your device and complete the form below in its entirety, carefully following the directions indicated in each section. When submitting a copy of your vaccination card(s), provide a copy of both the front and back for review for the COVID-19 Vaccination Incentive eligibility. If you have any questions about completing this form, please email benefits@hcps.org, or call (410) 588-5275. This form is to be completed only by individuals without an HCPS email. If you have an HCPS email address, you must complete the online form found on the HCPS SharePoint Page and HCPS Website.

\$300 COVID-19 Vaccination Incentive:

You fall into category A or B as indicated below:

A: You have received both shots of the Pfizer, Moderna, or Oxford/AstraZeneca COVID-19 vaccination and can submit a copy of your vaccination card as proof of vaccination.

B: You have received one shot of the Johnson & Johnson COVID-19 vaccination and can submit a copy of your vaccination card as proof of vaccination.

\$200 COVID-19 Vaccination Incentive:

You have received an FDA-approved booster shot and can submit a copy of your vaccination card as proof of vaccination.

IMPORTANT: To be eligible for the incentive, each applicable question must be completed in its entirety above, and you must submit a copy of the front and back of your vaccination card(s) along with this completed form to the Benefits Office. The completed information and copy of your vaccination cards can be submitted through one of the options listed below:

1. Email: benefits@hcps.org
2. Fax: (410) 809-6252
3. The interoffice mail system: Attn: Benefits Office
4. Mail: HCPS, Attn: Benefits Office, 102 S. Hickory Ave, Bel Air, MD 21014

1. First Name*: _____

2. Last Name*: _____

3. Social Security Number*: _____

4. Employee ID (if applicable): _____

5. Vaccination Status*:

Please choose the status that you are reporting. If you choose the first option below, you will have the chance also to report receiving the booster.

- This is my first time reporting that I have received the COVID-19 Vaccine.
- I have previously reported receiving the first COVID-19 vaccine series and have now received the booster. If you select this option, please skip to question 9.
- I have not received a dose of the COVID-19 Vaccine yet, but I plan to in the future. If you select this option, please skip to question 12.
- I have no plans to receive a dose of the COVID-19 Vaccine. If you select this option, please skip to question 12.
- I decline to disclose my vaccination status. If you select this option, please skip to question 12.

6. First Dose Date*

Enter the date when you received your first dose of the COVID-19 vaccine (found on your vaccination card).

Enter Date Here: _____

7. Vaccine Received*

Select the vaccine you received (first round, not to include booster)

- Pfizer COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Johnson & Johnson COVID-19 Vaccine. If you select this option, please skip to question 9.
- Oxford/AstraZeneca COVID-19 Vaccine

8. Second Dose Date

Enter the date you received your second dose of the COVID-19 vaccine (found on your vaccination card).

Enter Date Here: _____

9. Booster Status

Did you also receive a COVID-19 booster vaccine?

- Yes
- No. If you select this option, please skip to question 12.

10. Booster Vaccine Received

Select the booster vaccine you received:

- Pfizer COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Johnson & Johnson COVID-19 Vaccine
- Oxford/AstraZeneca COVID-19 Vaccine

11. Booster Date

Enter the date you received your booster COVID-19 vaccine (found on your vaccination card).

Enter Date Here: _____

12. Employee Signature – Attestation

I hereby certify that the information I have provided below is true and complete based upon my personal knowledge. I acknowledge that any employee found to have falsified information for the purpose of the receipt of the COVID-19 Vaccination Incentive will be disciplined up to and including termination. Please type your full name below.

Employee Signature (must be your signature and not typed)

Date

**Remember to include a copy of the front and back of your
vaccination card(s) with your submission.**