



FUTURE RESIDENT COVID-19 ATTESTATION FORM

I attest that I am fully vaccinated with a COVID-19 vaccine approved by the U.S. States Food and Drug Administration for emergency or full use (Pfizer, Moderna, or Johnson & Johnson). “Fully vaccinated” means at least 14 days since receiving the Johnson and Johnson COVID-19 vaccine, or at least 14 days since receiving the second dose of the Moderna or Pfizer COVID-19 vaccine.

By signing my name below, I certify that the information I have provided is truthful and accurate:

Name (printed): _____

Signature: _____ Date: _____

Please return this form to:

Wendy Tobin
Independent Living Activities Director
The Pines at Davidson
400 Avinger Lane
Davidson, NC 28036

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704-896-1450