

Certification by Poll Worker for
Charlotte County Supervisor of Elections

I hereby certify to the Charlotte County Supervisor of Elections that I have been inoculated for the Covid-19 Virus by receiving the following vaccinations:

Type of Vaccine:

Date Administered:

1) _____

2) _____

3) _____

I understand that, as a Poll Worker, I will be required to wear a mask or a face shield covering my nose and mouth at all times.

I further acknowledge that voters who come into my voting location may or may not be vaccinated and may or may not be wearing a mask.

_____ I cannot comply with the above requirements. Please keep me in mind for future elections if this requirement changes.

Print Name

Signature

Date