

COVID-19 Vaccination Visitor Self-Attestation Form

NanoString follows the guidelines of our Public Health Officials in the locations where we operate. For any employee or visitor in the State of Washington wishing to forgo face masks and social distancing in the workplace, employers are required to collect and maintain a record that the employee or visitor has attested to or has provided written documentation of their vaccination status. These records must be available to provide to the State Department of Labor & Industries upon request.

If you host a visitor (i.e. any non-NanoString individual), please use this form to record your visitor's attestation that they have been fully vaccinated against COVID-19. A person is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine (e.g., Pfizer, Moderna), or, two weeks after receiving a single-dose vaccine (e.g. Johnson & Johnson-Janssen). Once your visitor's attestation is complete, they can immediately cease donning a face mask and observing social distancing. NanoString reserves the right to request written documentation (e.g., vaccination card).

- Fully vaccinated individuals may still choose to don a face mask and/or observe social distancing according to their preference. They need not always observe the same practice, and may, for example, choose to don a face mask in some situations but not in others.
- People that are not vaccinated or that are only partially vaccinated must to continue to don a face mask and to observe social distancing in NanoString's facilities.

Please submit the completed form to David Scarsella, Director, Facilities, Occupational Health and Safety, at dscarsella@nanosttring.com. Please contact David Scarsella at the preceding email address, or at 206-552-2058, with any questions.

I, _____ (print name) attest that I have been fully vaccinated against COVID-19. (A person is fully vaccinated two weeks after receiving the second dose of a two-dose vaccine, or, two weeks after receiving a single-dose vaccine.)

Visitor Signature: _____ Date: _____

Host Name: _____

Host Signature: _____ Date: _____