



JB Pritzker, Governor

Illinois Department of Human Services

Grace B. Hou, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

**Illinois Department of Human Services
SODC and SOPH COVID-19 Vaccine Incentive Drawing Submission**

NOTE: This submission form and the documentation required, as applicable, is limited to SODC or SOPH employees who (i) received COVID-19 vaccination at a location other than an SODC or SOPH, (ii) who have a medical contraindication to receiving the vaccine, or (iii) have sincerely held religious beliefs, practices, or observances that prohibit vaccination.

If you received COVID-19 vaccination at an SODC or SOPH and are employed at an SODC or SOPH you do NOT need to make a submission.

If you received COVID-19 vaccination at an SODC or SOPH, are employed at an SODC or SOPH, and wish to opt out of the drawing, a separate opt out form should be completed and submitted.

Print Name: _____

IDHS Facility: _____

1. _____ (Initial) I received my first/second (circle) dose of the COVID-19 Vaccination at _____ (location) on _____ (date vaccinated) and wish to be entered into the Vaccine Incentive Drawing.

Documentation of COVID-19 Vaccination is required. Documentation includes the individual's CDC COVID-19 Vaccination Record Card or a note from Medical Provider stating that the individual received the COVID-19 vaccination.

2. _____ (Initial) I have not received the COVID-19 Vaccination for the following reason(s) and wish to be entered into the Vaccine Incentive Drawing:

- a. _____ I have a medical contraindication to receiving the vaccine
Documentation from Medical Provider, stating the individual has a medical contraindication to receiving the vaccine is required.
- b. _____ My sincerely held religious beliefs, practices, or observances prohibit vaccination.

By submitting this document, I am submitting this vaccination, contraindication, and/or religious belief information voluntarily and to opt into the Vaccine Incentive drawing

Signature: _____

Date: _____