

**U.S. Department of Commerce
Office of the Secretary**



**Privacy Threshold Analysis
for the
COVID Vaccine Attestation Survey**

Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Bureaus/operating units may use this PTA to assess internal, component-specific forms as well.

Form Number:	TBD		
Form Title:	COVID Vaccine Attestation Survey		
Bureau/Operating Unit:	OS	Office:	OCIO/ADS

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Commerce Connection		
OMB Control Number:	N/A As information is not collected from public; Commerce internal form	OMB Expiration Date: N/A	Click here to enter a date.
Collection status:	Choose an item.	Date of last PTA (if applicable):	N/A

PROJECT OR PROGRAM MANAGER

Name:	Alexander Ataev		
Office:	OCIO/ADS	Title:	Project Manager
Phone:	202-893-6396	Email:	aataev@doc.gov

BUREAU/OPERATING UNIT INFORMATION COLLECTION/FORMS CONTACT

Name:	Prabhjot Bajwa		
Office:	OCIO/ADS	Title:	Director
Phone:	202-748-4252	Email:	PBajwa@doc.gov

SPECIFIC IC/Forms PTA QUESTIONS**1. Purpose of the Information Collection or Form**

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DOC mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*

If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The COVID Vaccine Attestation Survey form is a form for DOC employees only to self-attest to their COVID vaccination status. Employees answer one question that has four choices. Contractors are directed away from the form as they are not required to complete the form. The form only requires self-attestation of the response. The COVID vaccination attestation form will be hosted on Commerce Connection website (Commerce intranet) which is only accessible on Department networks and/or VPN.

List the DOC (or bureau/operating unit) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DOC bureau/operating unit, list the bureau/operating unit-specific authorities.* Executive Order 13991 requires that Federal employees must attest to vaccination of submit testing, per the new Biden policy.

OS/OCIO Admin

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (<i>Check all that apply.</i>)	<input type="checkbox"/> Members of the public <input type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input checked="" type="checkbox"/> DOC Employees <input type="checkbox"/> DOC Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? (<i>Check all that apply.</i>)	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). DOC Employees only <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity.

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

	<p>If a business entity, is the only information collected business contact information?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input type="checkbox"/> DOC employee or contractor.</p> <p><input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i></p>														
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Paper.</p> <p><input type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input checked="" type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link: https://connection.commerce.gov/COVID-vaccine-attestation-survey</i></p>														
<p>e. What information will DOC collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>															
<p>Click here to enter text. The form will collect the individual's name, email address and self-attested COVID vaccine status.</p>															
<p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply. N/A</i></p>															
<table border="0"> <tr> <td><input type="checkbox"/> Social Security number</td> <td><input type="checkbox"/> Social Media Handle/ID</td> </tr> <tr> <td><input type="checkbox"/> Alien Number (A-Number)</td> <td><input type="checkbox"/> Known Traveler Number</td> </tr> <tr> <td><input type="checkbox"/> Tax Identification Number</td> <td><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Visa Number</td> <td><input type="checkbox"/> Driver's License Number</td> </tr> <tr> <td><input type="checkbox"/> Passport Number</td> <td><input type="checkbox"/> Biometrics</td> </tr> <tr> <td><input type="checkbox"/> Bank Account, Credit Card, or other financial account number</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other. <i>Please list:</i></td> <td></td> </tr> </table>		<input type="checkbox"/> Social Security number	<input type="checkbox"/> Social Media Handle/ID	<input type="checkbox"/> Alien Number (A-Number)	<input type="checkbox"/> Known Traveler Number	<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)	<input type="checkbox"/> Visa Number	<input type="checkbox"/> Driver's License Number	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Biometrics	<input type="checkbox"/> Bank Account, Credit Card, or other financial account number		<input type="checkbox"/> Other. <i>Please list:</i>	
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<input type="checkbox"/> Passport Number	<input type="checkbox"/> Biometrics														
<input type="checkbox"/> Bank Account, Credit Card, or other financial account number															
<input type="checkbox"/> Other. <i>Please list:</i>															
<p>g. List the <i>specific authority</i> to collect SSN or these other SPII elements.</p>															
<p>N/A</p>															
<p>h. How will this information be used? What is the purpose of the collection? Describe <i>why</i> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.</p>															

The purpose is to inform senior leadership of the overall status of DOC employees, so that leadership decisions can be made upon review of statistical information regarding the status of overall well-being of the Department.

i. Are individuals provided notice at the time of collection by DOC (*Does the records subject have notice of the collection or is form filled out by third party*)?

- Yes. Please describe how notice is provided.
 Within the form
- No.

3. How will DOC store the IC/form responses?

a. How will DOC store the original, completed IC/forms?

- Paper. Please describe.
 Click here to enter text.
- Electronic. Please describe the IT system that will store the data from the form.
 Data is stored in the Commerce Connection database in Azure
- Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository.
 Click here to enter text.

b. If electronic, how does DOC input the responses into the IT system?

- Manually (data elements manually entered). Please describe.
 Click here to enter text.
- Automatically. Please describe.
 The information is ingested from the online form into the web application. The information is then aggregated into a CSV file when the DOC system administrator runs a report. The DOC system administrator does not see or review the information, but it is collected and sent via an encrypted e-mail to the Chief Financial Officer for additional review.

<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. The first and last name, e-mail address, and vaccine status of the employee is collected. The intent of the form, at this time, is not to identify any one particular person who has taken the vaccine, but to have a wholistic view of the number of individuals who have taken the vaccine within the Department. The option to retrieve by a personal identifier is available though.</p> <p><input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> There is no known identifying number,</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>Office of the Secretary Records: nc1-040-79-01_sf115</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Per OMB directives, records will be deleted from the system.</p>
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DOC bureaus/operating units or external entities) and why. What are the authorities of the receiving party? No</i></p>	
<p><input type="checkbox"/> Yes, information is shared with other DOC bureaus/operating units. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Yes, information is shared <i>external</i> to DOC with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.</p> <p><input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	



² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.

Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission. Please see Figure 1 as shown below.

Figure 1: Attestation Form

Please check the box below that coincides with your vaccination status.

Vaccination Status: As required by the White House and the Office of Management and Budget (OMB), please select the below statement that best describes your current vaccination status. *

- I am fully vaccinated — Employees are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).
- I am not yet fully vaccinated — I received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago.
- I have not been vaccinated.
- I decline to respond.

Employees who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious reasons, please check either “I have not been vaccinated” or “I decline to respond.” Note that if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated until you are at least two weeks past your final dose and resubmit your vaccination information.

Supervisor Information

First Name *

Last Name *

E-mail *

I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking “I decline to respond” does not constitute a false statement. I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

Certification of Vaccination for Federal Employees

Privacy Act Statement

Authority: We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 5 U.S.C. chapters 11, and 79.

Purpose: This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Uses: While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, OPM/GOVT-10, Employee Medical File System of Records, 75 Fed. Reg. 35099 (June 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015).

Consequence of Failure to Provide Information: Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.

Attestation *

- I attest that the information provided in this form is accurate and true to the best of my knowledge.

Submit


Please check the box below that coincides with your vaccination status.

Vaccination Status: As required by the White House and the Office of Management and Budget (OMB), please select the below statement that best describes your current vaccination status. *

- I am fully vaccinated — Employees are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).
- I am not yet fully vaccinated — I received my first dose of Moderna or Pfizer, and my second appointment is scheduled, or I received my final dose less than two weeks ago.
- I have not been vaccinated.
- I decline to respond.

Employees who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious reasons, please check either “I have not been vaccinated” or “I decline to respond.” Note that if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated until you are at least two weeks past your final dose and resubmit your vaccination information.

Date of last vaccine dose received *

Year Month Day 

Supervisor Information

First Name *

Last Name *

E-mail *

I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking “I decline to respond” does not constitute a false statement. I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

Certification of Vaccination for Federal Employees

Privacy Act Statement

Authority: We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12136, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 5 U.S.C. chapters 11, and 79.

Purpose: This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety; Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Uses: While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the system of records notice associated with this collection of information, OPM/GOVT-10, Employee Medical File System of Records, 75 Fed. Reg. 35099 (June 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015).

Consequence of Failure to Provide Information: Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.

Attestation *

- I attest that the information provided in this form is accurate and true to the best of my knowledge.

Submit

PRIVACY THRESHOLD REVIEW**(TO BE COMPLETED BY BUREAU CHIEF PRIVACY OFFICER (BCPO))**

Bureau Chief Privacy Officer:	Click here to enter text. Maria D. Dumas
Date submitted to BCPO:	September 14, 2021
Has the bureau/operating unit Privacy Act Officer reviewed the Privacy Act Statement for this form and confirmed that it is compliant with Section (e)(3) of the Privacy Act?	<input checked="" type="checkbox"/> Yes. Please include confirmation with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
BCPO Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
Click here to enter text. I recommend moving forward with the use of the Commerce Connection Attestation Form for the COVID-19 vaccination status.	

PRIVACY THRESHOLD ADJUDICATION**(TO BE COMPLETED BY THE DOC PRIVACY OFFICE)**

DOC Privacy Office Reviewer:	Jennifer Goode <i>Jennifer Goode</i>
Date approved by DOC Privacy Office:	August 12, 2021
PTA Expiration Date	August 12, 2022

DESIGNATION

Privacy Sensitive IC or Form:	Choose an item. If “no” PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DOC Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DOC IC/Forms Review:	DOC Privacy has approved this form.
Date IC/Form Approved:	August 12, 2021
Privacy Act Statement:	Privacy Act e(3) Statement is required and included.
PTA:	PTA required for OS-071 and Commerce Connection.
PIA:	Choose an item. PIA required for OS-071 and Commerce Connection.
SORN:	<ul style="list-style-type: none"> • Covered by OPM/GOVT-10, <i>Employee Medical File System of Records</i> • New SORN DEPT-31, <i>Public Health Emergency Records of Employees, Visitors, and Other Individuals at Department Location</i>, submitted for approval.
DOC Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
The PTAs and PIAs for OS-071 and Commerce Connection have been approved by the DOC SAOP, in which it has been determined that the appropriate security and privacy controls are in place, as well as compliance with the Privacy Act.	