

COVID-19 Contractor/Visitor/Volunteer Vaccination Disclosure and Attestation

Attestation Requirement

I, _____, affirm that all the information and answers provided herein and any accompanying supporting documentation are complete, true, and correct to the best of my knowledge and belief as required by law. I understand that any misrepresentation, falsification, or omission of any material facts will render this attestation void and be subject to further action by the employer or by law.

Select one of the options that applies:

I attest that I am fully vaccinated against COVID-19.

- a) *I have received two doses of a vaccine considered valid by Health Canada in a two-dose COVID-19 vaccine series, or one dose of a vaccine considered valid by Health Canada in a one-dose COVID-19 vaccine series (“two-dose vaccine”); and*
- b) *That 14 days have elapsed since the date on which I received the second dose of the COVID-19 vaccine considered valid by Health Canada of a two-dose series, or one dose of the COVID-19 vaccine considered valid by Health Canada in a one-dose series.*

I attest that I have received my first dose of vaccination against COVID-19 and intend to receive my second dose as soon as possible.

I have had one dose of a two-dose vaccine. Once I receive my second dose of a two-dose vaccination, I will submit a new attestation form.

I attest that I am unable to receive a COVID-19 vaccination due to a medical exemption.

*Please refer to and complete **Form 163-01 COVID-19 Vaccine Medical Accommodation Request Form**. This form must be completed by either a physician or a nurse practitioner (note: A nurse practitioner is a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991). Once completed, the form must be emailed to the Human Resources Department at COVID19@gypsd.ca.*

I attest that I am unable to be vaccinated under protected grounds.

Please refer to and complete Form 163-02 [COVID-19 Vaccine Accommodation Request Form \(Non-Medical\)](#).

I am not vaccinated against COVID-19 and agree to submit proof of negative Rapid Antigen Screening Tests as outlined in Administrative Procedure 163.

I choose not to disclose my vaccination status and agree to submit proof of negative COVID-19 Rapid Antigen Screening Tests as outlined in Administrative Procedure 163.

The Division may request additional verification of vaccination status documentation for the purpose of a safety compliance audit or other information as reasonably needed to implement the Administrative Procedure. I acknowledge and agree to provide proof of vaccination status **or** updated documentation for accommodation upon request.

Signature

Date (mm/dd/yyyy)