

Immunization Declaration

COVID-19 Vaccine Attestation

Employee Immunization Declaration/Consent to Disclosure

This form is to be completed by all Owner/Operators, Drivers, Monitors, and any other employees who may come in contact with students from time to time in the course of their employment duties or who may have access to route or student confidential information.

I affirm that all of 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 may render this attestation void:

I affirm that I am fully vaccinated, meaning I have received all required doses for a COVID-19 vaccine approved by the World Health Organization (e.g., two doses of a two-dose vaccine or one dose of a single-dose vaccine) and having received the final dose at least 14 days ago.

OR

I affirm that I have medical reasoning for not being fully vaccinated and have provided formal documentation of this exemption to my employer.

OR

I have not been fully vaccinated against COVID-19 and/or refuse to affirm my vaccination status. As such, I agree to participate in educational training sessions and ongoing testing of COVID-19.

Dated at _____, Ontario, this _____ day of _____, 2021
(City/Township) (date) (month) (year)

Employee Name (print)

Employee Signature

Completed forms should be kept on file with applicable proof of vaccines/medical exemption at the Operator's office and available for audit.