

# COVID-19 Third Dose (Booster) Attestation

---

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 have received my third dose (booster) of the vaccine.*

Dated at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 2022  
(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.