



## Covid-19 Vaccination Status Form for Contractors

### Purpose

Vaccination is a key element in the protection of all employees, contractors, members of the public and every person accessing Town property, services, events, and programs, against the hazard of COVID-19. The purpose of this disclosure form is to ensure that all current and future contractors are fully vaccinated against COVID-19.

### Declaration:

1. I am the contact person for <insert name of contractor> and have read and understand the Town's COVID-19 Vaccination Policy for employees and contractors.
2. I confirm that I have provided all employees of <insert name of contractor> who will have in-person interactions at Town facilities with a copy of the Town's COVID-19 Vaccination Policy.
3. I have read and understand the purpose of this COVID-19 Vaccination Status Form.

Based on the above declaration, I confirm the following (check and complete applicable sections):

- All contract employees having in-person interactions at Town facilities have been fully vaccinated for COVID-19 (as defined in the Town's COVID-19 Vaccination Policy for employees and contractors); **or**
- \_\_\_ (#) Contractor employees are fully vaccinated and \_\_\_ (#) of contractor employees having in-person interactions at Town are not fully vaccinated. I confirm that said employees will provide proof of negative antigen test within the last 72 hours, when entering a Town facility. After December 31, 2021, said employees will not be permitted to work at Town facilities.

I agree with the above information and certify that all information provided is true and accurate.

**Name:**

**Position:**

**Company Name:**

**Date:**

**\*Please submit with quotation/proposal or to [hr@orangeville.ca](mailto:hr@orangeville.ca)**