## VACCINATION ATTESTATION FORM "A" | FULLY VACCINATED PERSONNEL

| On behalf of  | ,I, the undersigned attest that:   |
|---|--|
| (Name of Organization)  |  |
| I understand that an individual can only be considered series of a Health Canada or World Health Organizat of a two-dose vaccine series or one dose of a single final dose of the COVID-19 vaccine at least 14 days | tion approved COVID-19 vaccine (e.g., two doses e-dose vaccine series); and (ii) they received their |
| For each individual on this list, I have viewed their pr  | oof of vaccination.  |
| Documentation will be kept confidential in compliance be shared with a limited number of dedicated Que Vaccination status will be shared on a need-to-known access campus.  | en's staff as required to protect our community.   |
| If additional space is required, please clearly identify the to   | otal number of pages.  |
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