**THE UNDERSIGNED CONTRACTOR HEREBY DECLARES**, represents and warrants that effective as of MONTH DATE, 2021 all contractor personnel:

* employed or engaged to provide contracted services to the COMMUNITY, NATION, HSO; and
* who have in-person contact with COMMUNITY, NATION, HSO workers, clients or members regarding the contracted services;

**WILL** be vaccinated against COVID-19.

For the purpose of this declaration form,“vaccinated”means a person who is at least 7 days post-receipt of the full series of a World Health Organization (“WHO”) approved vaccine against infection by SARS-CoV-2, or a combination of approved WHO vaccines.

|  |  |
| --- | --- |
| Contracted Service Provider (Legal Name): |  |
| Doing Business as (Trade Name): |  |
| Service Type: |  |
| If “Other” please specify: |  |
| Contract # (If Applicable): |  |
| Authorized Signature: |  |
| Name: |  |
| Title: |  |
| Date (dd-mm-yyyy): |  |

All declaration forms should be submitted to COMMUNITY, NATION, HSO by MONTH DATE, 2021 and any questions should be directed as follows: KEY CONTACT, KEY CONTACT TITLE via email: KEY CONTACT EMAIL