

COVID-19 Vaccination Requirement Certification Form

Contract(s): Purchase order(s) or contract(s) number(s) + Title

(hereinafter the "Contract")

Certification

I, _____ (*first and last name*), as a representative of _____ (*company name*), certify that all of the company's personnel who will be required, in the context of the Contract, to access JCCBI's workplaces and to come into contact with JCCBI employees:

- (a) will be fully vaccinated with one of the Health Canada-approved COVID-19 vaccines as of December 15, 2021; or
- (b) for personnel that cannot be vaccinated due to a certified medical contraindication, religion or other prohibited grounds of discrimination under the *Canadian Human Rights Act*, they will be subject to the accommodation and mitigation measures described in the schedule,

until such time as the Government of Canada indicates that the COVID-19 vaccination requirement is no longer in effect.

I certify that the information provided is accurate as of the date indicated below and that it will remain accurate for the entire duration of the Contract.

- I understand that the certification provided is subject to verification at any time by JCCBI, which may request the relevant documentation from the company or the employee.
- I understand that if, during the course of the Contract, the information provided proves to be inaccurate, the company will be considered to be in default under the Contract and such default will result in further action up to and including termination of the Contract.
- I undertake to obtain similar certification from all my subcontractors who will be required to access JCCBI's workplaces and to come into contact with JCCBI employees.

Company name:

Signature: _____ **Date:** _____

Name:

Title:

(duly authorized as stated)