



Declaration of COVID-19 Vaccination Status

In accordance with the Municipality of East Ferris COVID-19 Vaccination Policy and in order to continue to protect the health and safety of Municipality of East Ferris employees and members of the public from the spread of COVID-19, and to meet our obligation under the Occupational Health and Safety Act to take all necessary precautions to protect the health and safety of the workforce, it is required that all employees, members of Council and members of Council appointed committees, volunteers, and members of the East Ferris Fire Department, except those with an exemption under the Human Rights Code or an approved medical reason, are fully vaccinated.

The purpose of this declaration is to gather the necessary information to ensure the health and safety of our employees. This information will be held confidentially in the Office of the Chief Administrative Officer and will be shared with managers and supervisors as needed in the case of operational requirements, and/or noncompliance. Failure to review and sign this declaration will result in your inability to attend work and may result in discipline up to and including termination of employment. For any questions about this process, please contact the Chief Administrative Officer.

Please check one of the following options:

- ☐ I am fully vaccinated. I hereby consent to provide my vaccination records to the Chief Administrative Officer and have attached a copy of my vaccination receipt to this form. I hereby declare the information submitted is accurate to the best of my knowledge.
- ☐ I am partially vaccinated and plan to be fully vaccinated. I have attached a copy of my first vaccination receipt to this form. I confirm that I will provide my second vaccination receipt and a new declaration form to the Chief Administrative Officer before November 15th, 2021, at 12:00 p.m. I hereby declare the information submitted is accurate to the best of my knowledge.
- ☐ I am not vaccinated, and I am requesting an accommodation/exemption due to a bona fide exemption under the Ontario Human Rights Code or for a medical reason. I understand that my request will be reviewed by the Chief Administrative Officer and submission of this form does not constitute acceptance of the accommodation/exemption.
- ☐ I am not vaccinated and do not intend to be vaccinated.*

*Selection of this option requires the employee to request an unpaid leave or use of paid banked time or vacation credits.

Employees, members of Council and members of Council appointed committees without an approved accommodation plan and not fully vaccinated against the hazard of COVID-19, in accordance with the implementation requirements of this policy will be placed on a leave of absence and may elect to request vacation leave, banked time (if available) or a leave of absence without pay. These will be subject to a review of operational requirements.



I understand that failure to complete this form and submit it to the Chief Administrative Officer by October 18th, 2021 at 12:00 p.m., in accordance with the COVID-19 Vaccination Policy, may result in discipline up to and including termination of employment.

DATED at East Ferris, Ontario, this _____ day of _____, 2021.

Name (Print Clearly)

Signature