

# COVID-19 Vaccination Requirement Certification Form

**Instructions:** The Certification form is to be completed and signed by the representative of the contractor, and submitted using the online Federal Supplier Vaccination Attestation portal. Upon completion of the online submission, the contractor will be provided with a confirmation number and an option to download details of their submission.

Should accommodation and mitigation measures be required, contact the contracting authority to discuss the contract in question, at your earliest convenience. The Certification form will only be considered complete once accommodation and mitigation measures have been approved by the contracting authority, as required.

Certifications must be completed and submitted as soon as possible in order to avoid follow-ups or delays. The final deadline for submissions is November 12, 2021.

## Certification

I, \_\_\_\_\_ (*first and last name*), as the representative of  
\_\_\_\_\_ (*name of business*) pursuant to the  
Contract(s) identified below, warrant and certify that all personnel that \_\_\_\_\_  
(*name of business*) will provide on the below listed Contract(s) who access federal government workplaces where they  
may come into contact with public servants will be:

- (a) fully vaccinated against COVID-19 with Health Canada-approved COVID-19 vaccine(s) as of  
November 15, 2021; or
- (b) for personnel that are unable to be vaccinated due to a certified medical contraindication, religion or other  
prohibited grounds of discrimination under the *Canadian Human Rights Act*, subject to accommodation  
and mitigation measures as of November 15, 2021 that have been presented to and approved by Canada; or
- (c) partially vaccinated against COVID-19 for a period of up to 10 weeks from the date of their first dose and  
subject to temporary measures that have been presented to and approved by Canada, immediately after  
which period the personnel will meet the conditions of (a) or (b) or will no longer access federal government  
workplaces where they may come into contact with public servants under this Contract;

until such time that Canada indicates that the vaccination requirements of the Government of Canada's COVID-19  
Vaccination Policy for Supplier Personnel are no longer in effect.



Contract(s) (list all Contract(s) with this department/agency where personnel access federal government workplaces where they may come into contact with public servants. If the box below is insufficient to list all Contracts, please add the remaining Contracts in the space provided on the last page of this document):

Accommodation and mitigation measures have been presented to and approved by Canada on the following Contract(s):

Temporary measures for partially vaccinated personnel have been presented to and approved by Canada on the following Contract(s):

I certify that all personnel provided by \_\_\_\_\_ (*name of business*) have been notified of the vaccination requirements of the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel, and that the \_\_\_\_\_ (*name of business*) has certified to their compliance with this requirement.

I certify that the information provided is true as of the date indicated below and will continue to be true for the duration of all Contracts. I understand that the certifications provided to Canada are subject to verification at all times. I also understand that Canada will declare a contractor in default if a certification is found to be untrue, whether made knowingly or unknowingly, during the contract period. Canada reserves the right to ask for additional information to verify the certifications. Failure to comply with any request or requirement imposed by Canada will constitute a default under the Contract.

This certification supersedes any previous certification submitted to the Government of Canada regarding compliance with the vaccination requirements of the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel under the aforementioned contract(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Optional***

For data purposes only, initial below if your business already has its own vaccination policy or requirements for employees in place. Initialing below is not a substitute for completing the mandatory certification above.

Initials: \_\_\_\_\_

Information you provide on this Certification Form and in accordance with the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel will be protected, used, stored and disclosed in accordance with the *Privacy Act*. Please note that you have a right to access and correct any information on your file, and you have a right to file a complaint with the Office of the Privacy Commissioner regarding the handling of your personal information. These rights also apply to all individuals who are deemed to be personnel for the purpose for the Contract and who require access to federal government workplaces where they may come into contact with public servants.

**Additional contracts**