

### COVID-19 POLICY AFFIRMATION

*This form is to be completed and signed by the Vendor's representative, then submitted to the appropriate CRD project contact. Should accommodation or mitigation measures be requested, please contact CRD.*

I, \_\_\_\_\_ (first and last name), as the representative of \_\_\_\_\_ (legal name of vendor, hereinafter the "firm"), for the Contract(s) identified below, certify that our firm and sub-contractors (if any) are in compliance with the CRD's COVID-19 Vaccination Policy, ADM99, meaning personnel and sub-contractors (if any) provided are:

- a) Fully vaccinated against COVID-19 with a course of Health Canada-approved COVID-19 vaccine(s) as of December 13, 2021; or
- b) Have requested and been granted an exemption relating to specific individuals presented to and approved by CRD.

Should our staff or sub-contractors (if any) change, we will update this certification at the earliest opportunity. I understand that CRD may request verification of information provided, and that a false certification may result in contractual consequences.

#### Contracts

**[Please list contract numbers, if applicable, as well as the name of the contract]**

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

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