

Staff COVID-19 Vaccination Declaration Form

All staff who provide direct support or work in an environment where individuals are supported are expected to be immunized against infectious diseases of public significance including COVID-19.

This Staff COVID-19 Vaccination Declaration Form must be completed and submitted as soon as possible and no later than October 1, 2021 to Occupational Health and Safety along with substantiated proof/documentation if necessary.

Supporting documentation must provide details about the nature of the disability and/or the religious belief which limits or restricts you from being vaccinated is to be submitted along with this form to the Occupational Health & Safety. This information is needed so that Occupational Health & Safety can determine whether it is possible, in the circumstances, to provide an accommodation. Depending on the information provided additional supporting evidence may be requested. Examples of who may provide attestation includes Primary healthcare provider, clergy, or religious leader.

Failure to complete this Form will result in the staff being considered "unvaccinated" in accordance with CLTO's COVID-19 Immunization Directive and subject to the accommodation provisions therein.

Unvaccinated staff will be subject to enhanced screening and additional precautionary measures including, but not limited to:

- wearing enhanced PPE (facial protection) at all times;
- be subject to Rapid Antigen Testing beginning October 1, 2021 at the latest and show proof of a negative COVID-19 test result at a minimum two times per week dependent on shift/visitation schedule;
- prohibited from providing direct support to a person who is symptomatic and probable or confirmed to have COVID-19 until their isolation period is complete;
- prevented from working in a location that is experiencing an outbreak and/or placed on an unpaid leave, until
 the outbreak is declared over by Public Health.

Unvaccinated staff may be restricted from working in high-risk environments restricted from working in high-risk environments and/or limited to working in one location or cluster within CLTO and/or one employer within the Developmental Services Sector for the duration of the Pandemic.

This is effective as of September 7, 2021.

VACCINATION STATUS

Date Signed:

Name of Staff:		
	I have received/intend to receive on of my vaccination record to Occupational Health and Safety within one	the COVID-19 vaccine and will provide a cop (1) week after receiving the vaccine.
	I decline to receive the COVID-19 vaccine for medical reasons. Note: Supporting documentation from your treating physician establishing your medical restriction must be submitted with this form.	
	I decline to receive the COVID-19 vaccine for religious reasons: Note: Supporting documentation from your religious leader must accompany this form.	
	I decline to receive the COVID-19 vaccine for personal reasons.	
	Note: All staff who choose not to be vaccinated for personal or religiou package that includes information about the benefits of vaccination an	
I confir	m that:	
•	I have read the CLTO COVID-19 Immunization Directive – Staff and Essential Visitors (August 24, 2021)	
•	I have spoken with Occupational Health & Safety about my immunization status	
•	I have had the opportunity to seek clarification regarding this Directive and my concerns; and	
•	I have received information about COVID-19 vaccines prior to completi	ng this form.
Signa	ature:	

September 21, 2021