COVID-19 Vaccination Attestation Form for Governor in Council Appointments

Report your vaccination status, as defined by the <u>Terms and conditions applying to Governor in Council appointees</u>.

Privacy statement

Review and Acknowledge Privacy Statement

Vaccination against COVID-19 is a requirement for all Governor in Council appointees as part of the approach to protect federal workers, including GIC appointees, and the community from COVID-19 and ensuring safe workplaces. Vaccination will add a layer of protection that will work with other public health measures to combat the spread of the virus.

The purpose for collection and use of this information is to fulfill the responsibility of your employer to ensure the health and safety of employees. This is a requirement under section 124, Part II of the *Canada Labour Code* and under the *Terms and conditions applying to Governor in Council appointees*. Personal information is collected pursuant to section 7 and 11.1 of the *Financial Administration Act* and in accordance with the *Privacy Act*. The personal information collected will be used to confirm your vaccination status and to consider requests for accommodation for those unable to be vaccinated. The personal information will be used, in conjunction with additional COVID-19 preventative measures, including rapid testing, to determine if you will be granted on-site access to the workplace and to determine whether you may report to work in person or remotely. Your personal information will also be used by your organization and the Privy Council Office to monitor and report on the overall impact of COVID-19 and compliance with the vaccination program both within the organization and for the Core Public Administration, as described in standard personal information bank PSE 907, *Occupational Health and Safety*.

Under the *Privacy Act*, you have the right to access your personal information and request corrections to your information. Should you wish to exercise your rights under the *Privacy Act*, or have any questions about this statement, please contact your organization's <u>ATIP Coordinator</u>. You have the right to file a complaint with the <u>Office of the Privacy Commissioner</u> about the handling of your personal information.

I acknowledge the above-noted	privacy	statement.
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Canadä^{*}

Name:				
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l attest that my COVID-19 vaccination status is	· · · · · · · · · · · · · · · · · · ·			
As defined by the <u>Terms and conditions applying to Governor</u>	'in Council appointees			
☐ Fully vaccinated				
☐ Partially vaccinated (in addition to your attestation, you must also provide the date of your first vaccination)				
Date of first vaccination:				
□ Unvaccinated				
☐ Unvaccinated because I am requesting accommodation				
l am requesting accommodation				
This section is required if you have indicated that you are unvaccinated because you require accommodation.				
☐ Due to a medical <u>contraindication</u> (or)				
☐ Under a prohibited ground of discrimination under s.3(1) of the <u>Canadian Human Rights Act</u>				
Indicate <i>Canadian Human Rights Act</i> ground				
This section is required if you have indicated that you are unvaccinated under a prohibited ground of discrimination under s.3(1) of the <i>Canadian Human Rights Act</i> .				
□ Religion (or)				
\square Another prohibited ground under s.3(1) of the <i>Canadian Hu</i>	man Rights Act			
By submitting this form, I certify that the statements I have mare form are true, complete, correct and in accordance with the Et understand that if my vaccination status changes, I must compacknowledge that the information I submit in this form is subject acknowledge that my manager reserves the right, at the mana vaccination.	hical Guidelines for Public Office Holders. I blete a new vaccination status attestation. I ct to verification and audit and I specifically			
Candidate signature:	Date:			

Personal information

Instructions to complete the Candidate Attestation Form

Step 1: Candidate name

1. Write your full name

Step 2: Privacy statement

- 1. Review the Privacy statement. Acknowledge the Privacy Statement.
- 2. If you do not wish to accept the Privacy statement, please discuss with your organization.

Step 3: Vaccination status

- 1. Select the current vaccination status that applies to you, as defined by the <u>Terms and conditions</u> <u>applying to Governor in Council appointees</u>.
- o Fully vaccinated
- o Partially vaccinated
 - In addition to your attestation, you must also provide your organization with the date of your first vaccination.
- o Unvaccinated
- o Unvaccinated because you are seeking accommodation
 - You must speak with your organization about your request for accommodation and provide appropriate documentation at the earliest opportunity.
 - Here are some details about the supporting materials that the organization may request:
 - Medical contraindication:

Written documentation from your treating medical physician or nurse practitioner on grounds for not receiving or for delaying the COVID-19 vaccine. The note must specify whether the reason is permanent or time limited. If time limited the note should indicate how long it is expected to last.

Religion:

A sworn affidavit (signed before a commissioner for taking affidavits) containing information about the sincere religious belief that prohibits full vaccination.

Another Prohibited Grounds:

Specific information on the nature of the reason a prohibited ground of discrimination under the *Canadian Human Rights Act* that renders you unable to be vaccinated.

^{*}The organization may request any additional information and supporting documentation, as may be appropriate.

^{*}Other alternative documentation could be accepted, in consultation with an HR specialists.