



## COVID-19 Vaccination Attestation Form

Report your vaccination status, as defined by the [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#).

- This form is **only** to be used when an employee does not have access to the GC-VATS application or requires this attestation form for duty to accommodate.
- Situations included: Deployment from an organization outside the CPA served by Phoenix, Interchange participants on assignment outside of the CPA, Dual remuneration if the first position is outside the CPA and any employees with Phoenix related issues.
- Students, Interchange participants into the CPA, casual workers, employees on secondment and new employees should **not** complete this attestation form but should verify their access within the TAP Portal or follow the manual process established by TBS. Please contact your HR Department for details.
- External candidates should use this attestation, however, once they are able to register in the TAP Portal (or follow the manual process) and be claimed by their manager, they should attest in GC-VATS.

### Privacy statement

#### Review and Acknowledge Privacy Statement

The Treasury Board (TB), as the employer for the Core Public Administration, has a duty to ensure the health and safety of employees in the workplace. Vaccination against COVID-19 will be a requirement for all federal public servants as part of the approach to protect federal public servants 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 [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#). 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 TBS 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](#).

Personal information may also be used to facilitate personnel administration in the employing organization and to ensure continuity and accuracy when an employee is transferred to another organization as described in standard personal information bank PSE 901, [Employee Personnel Record](#). The centralized collection, use, and disclosure of your personal information is described in TBS central personal information bank (under development).

Refusal to provide the requested information may result in employees being refused on-site access to the workplace, whether you may report to work in person or remotely and other administrative consequences such as employees being placed on leave without pay, until they are fully compliant. 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 [ATIP Coordinator](#). You have the right to file a complaint with the [Office of the Privacy Commissioner](#) about the handling of your personal information.

I acknowledge the above-noted privacy statement.

## Personal information

Employee

Manager

Name:

PRI/HRMIS number for RCMP/

DND service number for military:

Date of birth:

Organization:

**I attest that my COVID-19 vaccination status is: (required)**

As defined by the [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#).

Fully vaccinated

Partially vaccinated (in addition to your attestation, you must also provide your manager with the date of your first vaccination)

Unvaccinated

Unvaccinated because I am requesting accommodation

**I am requesting accommodation**

This section is required if you have indicated that you are unvaccinated because you require accommodation.

Due to a medical [contraindication](#) (or)

Under a prohibited ground of discrimination under [s.3\(1\) of the Canadian Human Rights Act](#)

**Indicate *Canadian Human Rights Act* 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 *Canadian Human Rights Act*.

Religion (or)

Another prohibited ground under [s.3\(1\) of the Canadian Human Rights Act](#)

By submitting this form, I certify that the statements I have made and the information I have disclosed in this form are true, complete, correct and in accordance with the [Values and Ethics Code for the Public Sector](#). I understand that if my vaccination status changes, I must complete a new vaccination status attestation. I acknowledge that the information I submit in this form is subject to verification and audit and I specifically acknowledge that my manager reserves the right, at the manager's sole discretion, to request proof of vaccination.

**Employee signature:**

**Date:**

## Process request for accommodation, if applicable

This section needs to be completed by your manager.

### I have received and reviewed the documentation (required)

Necessary supporting documentation; or

Alternative documentation in consultation with my departmental HR specialists;

The supporting documentation will be retained as per information management protocols, retention guidelines and in accordance with the Privacy Act and its Regulations (Manager acknowledgement is required)

### Decision

#### Duty to accommodate (required)

Duty to accommodate **does not apply** (refer to [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#))

Duty to accommodate **applies** (I have reviewed and accepted the justification)

#### Accommodation duration (required)

Permanent; or

Time limited, expiring on (enter DATE): (required)

#### Accommodation measure (required)

Performing regular duties/responsibilities through telework supported by a telework agreement as per the [Directive on Telework](#);

Assigning alternate duties/responsibilities that can be done through telework supported by a telework agreement as per the [Directive on Telework](#);

Testing as per Health Canada testing framework; and/or,

Other measures (**must specify**):

For privacy reasons, only include information related to the accommodation measure being taken, not information related to the employee's personal accommodation request. Examples could include adjusted hours, flexible schedule, etc.

**Acknowledgement of discussion:**

The employee and I have discussed this request for accommodation and the resulting decision.

**Manager signature:**

**Date:**

My manager and I have discussed my request for accommodation and the resulting decision.

**Employee signature:**

**Date:**

## Instructions for employees to complete the Employee Attestation Form

### Step 1: Employee details

1. Write your name, Personal Record Identifier (PRI), HRMIS number for RCMP or DND service number for military, date of birth, your direct Manager's name and your organisation's 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 manager.

### Step 3: Vaccination status

1. Select the current vaccination status that applies to you, as defined by the [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#).
    - o Fully vaccinated
    - o Partially vaccinated: in addition to your attestation, you must also provide your manager with the date of your first vaccination.
    - o Unvaccinated
    - o Unvaccinated because you are seeking accommodation
      - You must speak with your manager directly about your request for accommodation and provide appropriate documentation at the earliest opportunity or by the attestation deadline.
      - Here are some details about the supporting materials that your manager may request:
        - o **Medical contraindication:**  
Written documentation from your treating medical physician or nurse practitioner on grounds for not receiving or for delaying the COVID-19 vaccine (which can be provided using the following [form](#)). 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.
        - o **Religion:**  
A sworn [affidavit](#) signed before a commissioner for taking affidavits and containing information about the sincere religious belief that prohibits full vaccination.
        - o **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.
- \*Your manager may request any additional information and supporting documentation, as may be appropriate.
- \*Other alternative documentation could be accepted, in consultation with departmental HR specialists.

### Step 4: Review

1. Review your attestation before signing.

### Step 5: Accommodation request

1. If you have requested accommodation, follow up with your manager.

## Instructions for manager to complete the Employee Attestation Form

### Review employee submissions:

- Add your Personal Record Identifier (PRI), HRMIS number for RCMP or DND service number for military and date of birth in the Personal Information section.
- If the employee is **fully vaccinated**, no further action is needed.
- If the employee is **partially vaccinated**, he must also provide you with the date of his first vaccination.
- If the employee is **unvaccinated** and not requesting accommodation, refer to the [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#).
- If the employee is **unvaccinated and requesting accommodation**:
  1. **Review the request and make a decision as soon as possible or by the full implementation date.**
    - o **If accommodation is requested due to a medical contraindication:**
      - Written documentation from your treating medical physician or nurse practitioner on grounds for not receiving or for delaying the COVID-19 vaccine (which can be provided using the following [form](#)). 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.
    - o **If accommodation is requested due to religion:**
      - A sworn [affidavit](#), signed before a commissioner for taking affidavits and containing information about the sincere religious belief that prohibits full vaccination.
    - o **If accommodation is requested related to other prohibited grounds under the [Canadian Human Rights Act](#):**
      - Specific information on the nature of the reason a prohibited ground of discrimination renders them unable to be fully vaccinated against COVID-19.

### Note:

- You may request any additional information and supporting documentation, as may be appropriate.
- Other alternative documentation could be accepted, in consultation with departmental HR specialists.
- All documentation received during the duty to accommodate process should be treated as Protected B (when completed).
- 2. **Record the decision:**
  - If the duty to accommodate **applies** (i.e.: the manager has reviewed and accepted the justification):
    - o Indicate whether the accommodation is permanent or temporary:
      - If temporary, enter the end date.
    - o Indicate the accommodation that will be implemented. These can include:
      - Performing regular duties or responsibilities through telework supported by a telework agreement as per the Directive on Telework.
      - Assigning alternate duties or responsibilities that can be completed through telework supported by a telework agreement as per the Directive on Telework.
      - Testing as per the Health Canada Testing framework.
      - Other measures detailed in communication with your employee and in the accommodation request.
  - If the duty to accommodate **does not apply** (i.e., the manager has reviewed and not accepted the justification):
    - o Refer to the [Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police](#).
  - Discuss the decision with your employee, acknowledge the decision by signing at the end of the Attestation pages, and ensure your employee acknowledges the decision as well.
  - Send the completed and signed form to your department human resources.