

## VACCINATION ATTESTATION FORM "A" | FULLY VACCINATED PERSONNEL

On behalf of \_\_\_\_\_, I, the undersigned attest that:  
 (Name of Organization)

I understand that an individual can only be considered fully vaccinated if: (i) they have received the full series of a Health Canada or World Health Organization approved COVID-19 vaccine (e.g., two doses of a two-dose vaccine series or one dose of a single-dose vaccine series); and (ii) they received their final dose of the COVID-19 vaccine at least 14 days ago.

If additional space is required, please clearly identify the total number of pages.

Name	Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date