

COVID-19 VACCINATION DECLARATION FORM

The Ontario Government introduced a directive requiring hospitals to have vaccination policies for employees, contractors, and volunteers (herein referred to as workers) requiring they either be fully vaccinated or undertake regular rapid antigen testing for COVID-19 and complete an education session about the COVID-19 vaccine. As such, all employees, professional staff and volunteers are required to complete this declaration and submit it to Occupational Health and Safety (OHS). Learners and contractors will be validated through their respective organizations.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge the following:

* **I understand** that the COVID-19 vaccine is recommended by Public Health Ontario as a safe and effective way to protect myself and those around me from COVID-19
* **I understand** that vaccination substantially decreases the risk of being infected, it also decreases the severity of illness if I get infected
* **I understand** that if I decline the vaccine, I may change my mind and get vaccinated at a later date, with the understanding that vaccination will be based on the availability of the COVID-19 vaccine at that time
* **I understand** that I need to get **two** doses of the COVID-19 vaccine to be considered fully vaccinated (for Pfizer and Moderna)
* **I acknowledge** that I have access to COVID-19 vaccine information including the risks associated with not getting vaccinated and benefits of being vaccinated
* **I understand** that workers who are unvaccinated or choose not to declare their status will be required to submit to regular COVID-19 testing as directed by the Health Protection and Promotion Act and the Hospital, and
* **I understand** that the purpose of collecting and reporting the information contained in this document is consistent with all applicable legislation including but not limited to, Personal Health Information Protection Act (PHIPA), Occupational Health and Safety Act (OHSA), Public Hospitals Act (PHA), and Ministry of Health (MOH)

**PLEASE CHECK ONLY ONE OPTION BELOW:**

|  |  |
| --- | --- |
| **I am now fully vaccinated AND I have provided OHS with valid documentation**  |  |
| **I have provided OHS with a completed medical exemption form for not being fully vaccinated against COVID-19** |  |
| **I am NOT fully vaccinated at this time AND I have completed the mandatory COVID-19 vaccination course** |  |
| **I choose not to disclose my vaccination status at this time AND I have completed the mandatory COVID-19 vaccination course** |  |

*If submitting handwritten, please print clearly*

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| --- | --- |
| Worker Name: |  |
| Classification:  |  |
| Department: |  |
| Date of Birth: |  |
| Date: |  |

***Please submit this form to OHS. If you would like to further discuss your reasons for not getting vaccinated at this time, please contact OHS at ohs@tbh.net***