

COVID-19 Vaccination Attestation Form

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*Definitions are contained in Appendix A to this document.	
Personal Attestation:	
I, <u>Direct Store</u> , attest to the following:	
I attest to being Fully Vaccinated, and consent to providing proof of vaccination (as specified in the Nishnawbe-Aski Legal Services Corporation Mandatory COVID-19 Vaccination Policy).	
I understand that the consequence for providing any false information of misrepresentation related to this attestation may be discipline, up to and including dismissal, per the NASLC's Mandatory COVID-19 Vaccination Policy. By completing this Attestation Form I consent to NALSC collectional retaining this information in accordance with its Mandatory Vaccina Policy.	d Ing
Employee signature:	nt Officer
Date: An Hard Ray	

Appendix A

For the purposes of this document, the following definition will apply:

- **Approved Vaccine**: Vaccine(s) approved by Health Canada for use in Canada in relation to COVID-19.
- Fully Vaccinated: An individual is considered fully vaccinated if they have received all required doses of a vaccine approved by Health Canada to produce an immune response to COVID-19, and any requisite or recommended waiting period to achieve the optimal vaccine efficiency (i.e. the waiting period for the vaccine to take effect) as set out by Canadian health authorities has passed.
- **Not Vaccinated**: An individual is considered Not Vaccinated if they are not Vaccinated and/or refuse to disclose their vaccination status.

Appendix B

The information collected through and in conjunction with this Attestation form will be kept secure and confidential, as specified in the NALSC Mandatory COVID-19 Vaccination Policy.

Questions regarding the collection, retention, destruction or use of this personal information should be directed to NALSC's Human Resources Department.