



Royal Victoria
Regional Health Centre

First Attestation for Attendance on RVH Property

Effective September 7, 2021 RVH must comply with Ontario’s Chief Medical Officer of Health’s Directive #6. Under this Directive RVH must ensure anyone who attends for business on hospital property complies.

RVH has implemented a COVID-19 Vaccination Policy. Under this policy all affiliated educational institutions, contractors, vendors and service providers must complete this Attestation on behalf of their students/employees/staff verifying that all individuals attending RVH property are either fully vaccinated or have been granted a medical or human rights exemption and are completing regular antigen testing. Contractors that sub-contract to other providers must have the sub-contractors complete an Attestation and submit them to RVH in one package.

The First Attestation must be completed by **September 30, 2021** and submitted to Attestations@rvh.on.ca. You are required to complete the Second Attestation by November 1, 2021 and at the beginning of each subsequent month if there have been changes to the prior Attestation. RVH will retain this to demonstrate compliance with Directive #6.

TO BE COMPLETED BY A PERSON WITH AUTHORITY TO BIND THE ORGANIZATION or INSTITUTION:

I confirm that all individuals from _____ (insert name of organization or institution) that attend RVH property are fully vaccinated, or have provided proof of a medical or human rights exemption and have completed antigen testing at least once a week for weeks that they are on site at RVH.

I confirm that _____ (insert number of individuals that attend RVH property) are fully vaccinated and that documented proof of full vaccination is on file. I agree that proof of vaccination will be provided to RVH if required by the Ministry of Health or by law.

I confirm that _____ (insert number of individuals that attend RVH property) have been granted a medical or human rights exemption in accordance with Directive #6. I confirm that these individuals will complete weekly antigen testing for all weeks that they are on site at RVH. I agree that proof of the medical or human rights exemption and proof of antigen testing will be provided to RVH if required by the Ministry of Health or by law.

I confirm that _____ (insert number of individuals that attend RVH property) have completed weekly antigen testing for all weeks that they are on site at RVH if they are not fully vaccinated or have not been granted a medical or human rights exemption. I agree that proof of antigen testing will be provided to RVH if required by the Ministry of Health or by law. This option is only available until October 31, 2021 at which time the Second Attestation will be required.

I acknowledge that I have reviewed Directive #6 and RVH’s COVID-19 Vaccination Policy and understand the requirements. I acknowledge that failure to provide accurate information, updated information as necessary or to complete this Attestation may result in the cancellation of educational placements and/or contracts.

By signing this form, I confirm the validity of the statements above and agree to retaining the necessary records.

Name and Title

Signature

Organization or Institution

Date