

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.

This form must be completed and submitted to Attestations@rvh.on.ca prior to attending RVH. You are required to submit a revised Attestation at the beginning of each subsequent month if there have been changes to the prior Attestation. RVH will retain this Attestation 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 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