



ANNEX F

COVID-19 Vaccination Requirement Certification Form

Certification

I, _____ (*first and last name*), as the representative of
_____ (*name of business*) pursuant to
_____ (*insert RFQ number*), warrant and certify that all
personnel that _____ (*name of business*) will provide on this
Source List who access federal government workplaces where they may come into contact with
public servants will be:

- (a) fully vaccinated against COVID-19; or
 - (b) for personnel that are unable to be vaccinated due to a certified medical contraindication,
religion or other prohibited grounds of discrimination under the *Canadian Human Rights Act*,
subject to accommodation and mitigation measures as of that have been presented to and
approved by Canada;
- until such time that Canada indicates that the vaccination requirements of the Government of
Canada's COVID-19 Vaccination Policy for Supplier Personnel are no longer in effect.

I certify that all personnel provided by _____ (*name of business*) have
been notified of the vaccination requirements of the Government of Canada's COVID-19
Vaccination Policy for Supplier Personnel, and that the _____ (*name
of business*) has certified to their compliance with this requirement.

I certify that the information provided is true as of the date indicated below and will continue to
be true for the duration of the Source List. I understand that the certifications provided to
Canada are subject to verification at all times. I also understand that Canada will declare a
contractor in default if a certification is found to be untrue, whether made knowingly or
unknowingly, during the source list period. Canada reserves the right to ask for additional
information to verify the certifications. Failure to comply with any request or requirement
imposed by Canada will constitute a default under any resulting Contract.

Signature: _____

Date: _____

Optional

For data purposes only, initial below if your business already has its own vaccination policy or requirements for employees in place. Initialing below **is not** a substitute for completing the mandatory certification above.

Initials: _____

Information you provide on this Certification Form and in accordance with the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel will be protected, used, stored and disclosed in accordance with the Privacy Act. Please note that you have a right to access and correct any information on your file, and you have a right to file a complaint with the Office of the Privacy Commissioner regarding the handling of your personal information. These rights also apply to all individuals who are deemed to be personnel for the purpose of any resulting Contract and who require access to federal government workplaces where they may come into contact with public servants.