**COVID-19 Vaccine Declaration Form**2022

York Region Rose of Sharon Services for Young Mothers, has a responsibility to ensure a safe and healthy working environment for its employees, students, volunteers and clients. The information on this form will assist the agency in minimizing the exposure to infectious agents while carrying out work.

In order to gather information to correctly assess associated risk, please declare whether you have been fully vaccinated with the COVID-19 vaccine.

The information you provide on this form will be handled and stored securely by the agency.

I declare that I have received my first COVID 19 vaccine dose on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

I declare that I have received by second COVID 19 vaccine dose on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

I declare that I have received by 1st booster COVID 19 vaccine dose on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

I declare that I have received by 2nd booster COVID 19 vaccine dose on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

OR

I declare that I have not taken the COVID 19 Vaccine and will submit documentation to support the reason for not taking the vaccine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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| Please scan/email or fax or hand-deliver this form to Attn: Carol Dowell [cdowell@roseofsharon.com](mailto:cdowell@roseofsharon.com) , F: 905-853-5949  \*This form will be in effect until otherwise notified. |