

## Personal information

Name:

Date of birth:

### I attest that my COVID-19 vaccination status is: **(required)**

- Fully vaccinated
- Partially vaccinated
- Unvaccinated
- Unvaccinated because I am requesting accommodation

### I am requesting accommodation

This section is required if you have indicated that you are unvaccinated because you require accommodation.

- Due to a medical [contraindication](#) **(or)**
- Under a prohibited ground of discrimination under s.3(1) of the [Canadian Human Rights Act](#)

### Indicate *Canadian Human Rights Act* ground

This section is required if you have indicated that you are unvaccinated under a prohibited ground of discrimination under s.3(1) of the *Canadian Human Rights Act*.

- Religion **(or)**
- Another prohibited ground under s.3(1) of the *Canadian Human Rights Act*

By submitting this form, I certify that the statements I have made and the information I have disclosed in this form are true, complete, and correct. I understand that if my vaccination status changes, I must complete a new vaccination status attestation.

Signature:

Date: