



COVID-19 VACCINE STATUS ATTESTATION FORM

SN:			
Rank:			
Last Name, Initials:			
Unit:		Area:	

Reference: CDS Directive on *CAF COVID-19 Vaccination* issued 8 October 2021

In accordance with above reference, I confirm the following:

<i>Indicate applicable statement with a "✓" in the leftmost column below</i>		
	I am fully vaccinated against COVID-19 and have received both doses of a vaccine authorized by Health Canada.	<i>Date of 2nd Vaccination</i>
	I am partially vaccinated against COVID-19 and have received one dose of a vaccine authorized by Health Canada.	<i>Date of 1st Vaccination</i>
	I am requesting accommodation from COVID-19 vaccination for a medical reason certified by a doctor. Note: Doctor's certification indicating the contraindication must be provided.	
	I am requesting accommodation from COVID-19 vaccination for religious reasons. Note: An attestation <u>in the form of an oath</u> must be provided, including information on the religious belief prohibiting full vaccination	
	I am requesting accommodation for a reason protected by the <i>Canadian Human Rights Act</i> (CHRA). Note: An attestation specifying how the reason of distinction under the CHRA preventing you from being fully vaccinated must be provided	
	I am unwilling to be vaccinated against COVID-19. Note: A member of the RCSU team will contact you to discuss your situation	

All attestation information is subject to verification and audit, and members may be required to provide proof validating above selection at any point.

All personnel completing this form must understand that, by signing the form, making a false statement constitutes a breach of the DND and CF Code of Value and Ethics and may result in administrative or disciplinary action up to, and including, termination.

Signed in _____ on _____
City, Province
Date

Signature