

CONTRACTOR/VENDOR ATTESTATION FORM

For Compliance with York University's COVID-19 Vaccination Mandate Policy

1. I understand that as a Contractor or Vendor who is seeking access to campus or in-person activities, that all employees, representatives, and/or subcontractors and their employees ("Representatives of the Contractor/Vendor") are required to be fully vaccinated as defined in York's [COVID-19 Vaccination Mandate policy](#).
2. I have familiarized myself with York's [COVID-19 Vaccination Mandate policy](#), [screening](#) and, where applicable, [testing requirements](#).
3. I attest to having seen proof of vaccination or exemption for Representatives of the Contractor/Vendor. I understand that as a Contractor or Vendor, I will be required to demonstrate proof of vaccination, exemption status or negative COVID-19 testing results (as applicable) for all Representatives of the Contractor/Vendor in order to access York's campuses, sites or attend in-person activities.
4. I understand that if Representatives of the Contractor/Vendor qualify for an exemption based on medical or other grounds recognized under the Human Rights Code, that I must ensure they provide me with proof of a negative COVID-19 test result taken within 72 hours before attendance on campus.
5. I understand that as a Contractor or Vendor, that I must ensure that Representatives of the Contractor/Vendor perform daily screening in accordance with [York's COVID-19 Protocol for Self-Disclosure, Screening and Incident Management](#) using [YU Screen](#) or the equivalent before arrival on York's campuses or sites, while ensuring that all are entering the premises without COVID-19 symptoms.
6. I understand that I will need to maintain the confirmation of screening results for a period of 30 days for Representatives of the Contractor/Vendor who have had access to campus or in-person activities.
7. I understand that I must comply with all of the above requirements for all Representatives of the Contractor/Vendor who are accessing York's campuses, sites or attending in-person activities.

Full Name of Signatory: _____

Title/Role of Signatory: _____

Date: _____

Signature: _____

Contractor/Vendor Business Name: _____