



**THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD**

**CONTRACTOR VACCINATION ATTESTATION FORM
COVID-19 Measures for Contractors, Service Providers and Vendors**

Please sign this Contractor Attestation and return it to TBDSSAB Purchasing Department at: receiving@tbdssab.ca by Friday, November 12, 2021.

I, _____ (the “Representative”) have the authority to represent _____ (the “Contractor”) and its staff, sub-contractors and agents (the “Contractor Personnel”), and do hereby attest and certify to The District of Thunder Bay Social Services Administration Board (TBDSSAB) that any Contractor Personnel that will be attending TBDSSAB premises as of November 15, 2021, are Fully Vaccinated or have a legally valid and documented exemption from vaccination, as outlined in TBDSSAB’s COVID-19 Measures for Contractors, Service Providers and Vendors (the “Policy”).

In order to ensure compliance with the Policy, I also confirm on behalf of the Contractor, that it will provide TBDSSAB with proof of vaccination and related information for Contractor Personnel if requested.

Attested to by the Representative at _____, on _____.

Signature of Representative

Title of Representative

Email

Telephone