

WACOSS COVID-19 vaccination declaration

I, _____, declare that I have received all required COVID-19 vaccinations and have provided evidence in the form of a Vaccine Certificate.

I understand that all WACOSS workers (individuals engaged on a monetary or volunteer basis, and includes contractors, students, interns, sub-contractors, board members, or any person serving on a WACOSS committee or in an advisory position) are subject to WACOSS COVID-19 Vaccination Policy and as such required to provide evidence of COVID-19 vaccination.

Vaccine received:

Dates:

I also:

a.) consent to WACOSS collecting information about the employee's vaccination status and, if required by public health directions, evidence of their vaccination status; and

b.) consent to WACOSS disclosing the Worker's vaccination status and evidence of that status to relevant State government agencies only in the event that this is specifically required by public health directions.

Signature:

Position:

Witness signature:

Alenka Jeram

Manager Corporate Services

Date:

Date: