COVID-19 CONTRACTOR NOTIFICATION & CERTIFICATION

Certification of Compliance

Urgency Ordinance, County Code Title 2 – Administration, Division 4 – Miscellaneous – Chapter 2.212 (COVID-19 Vaccinations of County Contractor Personnel)

I, _____, on behalf of _____, (the "Contractor"), certify that on County Contract _____[ENTER CONTRACT NUMBER AND NAME]:

____ All Contractor Personnel on this Contract are fully vaccinated as required by the Ordinance.

____ Most Contractor Personnel on this Contract are fully vaccinated as required by the Ordinance. The Contractor or its employer of record, has granted a valid medical or religious exemption to the below identified Contractor Personnel. Contractor will certify weekly that the following unvaccinated Contractor Personnel have tested negative within 72 hours of starting their work week under the County Contract, unless the contracting County department requires otherwise. The Contractor Personnel who have been granted a valid medical or religious exemption are [LIST ALL CONTRACTOR PERSONNEL]:

_____
_____
_____

I have authority to bind the Contractor, and have reviewed the requirements above and further certify that I will comply with said requirements.

_____ _____
Signature Date

_____
Title

_____
Company/Contractor Name