

**Renfrew County District School Board
Vaccination and Screening Attestation
Community Use: Individuals 12 and Older**

Full Name: _____

I affirm that I am fully vaccinated against COVID-19. I also understand that if I am not fully vaccinated I am unable to utilize any RCDSB facilities.

In this attestation, “fully vaccinated against COVID-19” means having received a COVID-19 vaccine(s) approved by the World Health Organization; and having received the final vaccine dose at least 14 days ago.

I agree to complete the provincial screening tool prior to attending community bookings using the link provided by my group supervisor. If I do not receive a green check mark I will not attend the program and will follow public health guidelines prior to returning to the office.

I agree to complete the contact tracing procedures implemented by my group supervisor before engaging in any community use activity.

I agree to wear a mask at all times while on the school premises, as per health, safety and operational guidelines for schools.

By signing this attestation I confirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief as required by law. I



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understand that any misrepresentation, falsification, or omission of any material facts may render this attestation void.

Signature: _____

Date: _____