

Contractor Vendor COVID-19 Certification Form

| | | |
|--------------------------------|------------|----------|
| Last Name | First Name | |
| Street Address (include apt #) | | |
| City | State | Zip Code |
| Phone | | |

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Contractor's or Vendor's staff working on and for YVC and YVC campuses have been fully vaccinated or have been provided an authorized exemption from the COVID-19 vaccination per the State of Washington Proclamation by the Governor Amending Proclamations 20-05 and 20-14, 21-14.1, COVID-19 Vaccination Requirement.

Signed on the _____ day of _____
(date) (month)/(year)

At _____
(city and state)

(printed name)

(signature)