

COVID-19 Vaccine Proof of Employment Attestation Form

Essential Workers – Group 1

Worker Name:

Worker Title:

This form attests the above worker is [an essential frontline worker \(Group 1\)](#) who cannot work from home and is eligible to receive the COVID-19 Vaccine based on the Province of Ontario eligibility guidelines.

The worker is currently employed within this sector (check one):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Elementary and secondary school workers (including educators, custodial, school bus drivers, administrative staff) |
| <input type="checkbox"/> | Workers responding to critical events (including police, fire, special constables, children's aid society workers, emergency management, critical infrastructure restoration workers) |
| <input type="checkbox"/> | Enforcement, inspection and compliance roles (including by-law enforcement, building inspectors, food inspectors, animal welfare inspectors, border inspection officers, labour inspectors/WSIB field workers) |
| <input type="checkbox"/> | Individuals working in childcare as follows (all licensees, employees and students on an educational placement who interact directly with children in licensed childcare centres and in authorized recreation and skill building programs. Licensed home child care and in-home service providers, employees of a home child care agency and students on an educational placement) |
| <input type="checkbox"/> | Foster care agency workers (including customary care providers) |
| <input type="checkbox"/> | Food manufacturing and distribution workers |
| <input type="checkbox"/> | Agriculture and farm workers |
| <input type="checkbox"/> | Funeral, crematorium and cemetery workers |

Organization Name (if applicable):

Employer Name:

Employer Title:

Signature:

Date: