COVID-19 Vaccination Requirement Declaration

This declaration is required for all companies or contractors working at a New York State Office for People With Developmental Disabilities facility or campus. The form must be printed, completed, and signed, and then returned to \_\_\_\_\_\_\_\_\_\_\_.

**I hereby declare as follows:**

1. My name is [Individual Signer’s Name] and I am the [Position Title] at [Company or Independent Contractor Name] .
2. The Company or Contractor listed on this form ("Company") is a contractor of the New York State Office of General Services, the Dormitory Authority of the State of New York, or the New York State Office for People With Developmental Disabilities.
3. Those employees of the Company (including any subcontractors it may employ or contract with) that will come into contact with State employees during performance of its project have met all applicable vaccine verification and accommodation requirements. This includes the requirement to obtain a copy, or visually observe proof, of full vaccination against COVID-19 for such employees.

**Printed Name:**

**Signature:**

**Printed Company Name:**