



COVID-19 Vaccination Requirement Declaration

This declaration is required for all suppliers, vendors and contractors working on-site at a University of Washington location as of October 18, 2021. The form must be printed, completed and signed, and then returned by email to vcontrol@uw.edu.

Pursuant to Governor Inslee's [Proclamation 21-14.1](#) ("Proclamation"), as amended on August 20, 2021, and anytime thereafter, 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 Independent Contractor listed on this form ("Company") is a contractor with the University of Washington ("University") as defined by the Proclamation.
3. Pursuant to Section 4 of the Proclamation, the University of Washington has elected to require the Company to assume responsibility for the vaccination verification and accommodation requirements included within the Proclamation and the Company agrees to assume those responsibilities with respect to all of its employees that provide on-site services to the University.
4. The Company has met all of the vaccine verification and accommodation requirements included within the Proclamation. This includes the requirement to obtain a copy or visually observe proof of full vaccination against COVID-19 for every current employee who is subject to the vaccination requirement.
5. Any employee of the Company who is not fully vaccinated by October 18, 2021, and is not otherwise exempt from the vaccine requirement, will be prohibited from providing on-site services to the University.
6. The Company agrees to submit additional signed declarations upon the request of and by the date designated by the University.
7. The Company further agrees to cooperate with any investigation or inquiry the University makes into the Company's compliance with the Proclamation. This includes providing information and records upon request, except any information or records that the Company is prohibited by law from disclosing.

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

Signed on the [Date] _____ day of [Month] _____ , [Year] _____ , at [City and State or Country] _____ .

Printed Name:

Signature: _____

Printed Company Name: