



THE HOSPITAL FOR  
SICK CHILDREN

Date: \_\_\_\_\_

Attestation

\_\_Prior to your arrival, we request that you read and acknowledge the precautionary measures and vaccination policy listed below. Please send back a signed copy of your acknowledgement to the organizer of your event/course before the scheduled onsite visit.

SickKids COVID-19 Specific Precautionary Measures: \_\_

\_\_Please ensure that you are prepared to follow additional precautionary measures, including:\_\_

- \_\_You are Fully Immunized.  
Fully Immunized Individual: an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada.
- \_\_You will be screened upon entry prior to access being granted and asked to show your vaccination document.
- \_\_You must don a SickKids provided mask at all times while onsite.
- \_\_Physical distancing and/or masking requirements may be in place. You will be required to follow current safety measures at the time of the event.\_\_
- \_\_You must practice meticulous hand hygiene.\_\_
- Eating and drinking restrictions may apply for this event. You will be required to follow any restrictions in place at the time of the event.
- \_\_You are to advise if you become symptomatic within 48 hours of being on site; you must get tested and advise of your status if there is a risk to the organization.\_\_

o I read and acknowledge that I will abide by these vaccination policies and precautionary measures:

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature