

DELIVERED BY:

Employee Name	
Position/Title/Professional	
Company/Institution/Other	
Address	
ID/Passport Number	

DELIVERED TO:

Employer Name	
Position/Title/Professional	
Company/Institution/Other	
Address	
ID/Passport Number	

ACKNOWLEDGEMENT OF RECEIPT/FAILURE TO RECEIVE

I, _____ (Employer Name)
 hereby acknowledge that I have received the following document entitled "MANDATORY VACCINATION – INFORMATION
 REQUEST" from _____ (Employee Name)

Signed as received (by Employer)	
ID/Passport Number	
Date	
Place	

AS WITNESS(ES): *(tick the applicable box and witness beneath)*

<input type="checkbox"/>	Received
<input type="checkbox"/>	Failed to Receive or Acknowledge Receipt

Witness 1 Name	
ID/Passport Number	
Date	
Place	
Signature	

Witness 2 Name	
ID/Passport Number	
Date	
Place	
Signature	

MANDATORY VACCINATION – INFORMATION REQUEST

For the Attention of (Employer)	
ID/Passport Number	

I, _____, with ID Number/Passport Number _____, hereby request:

1. Written notice and justification for your COVID-19 vaccine mandate,
2. Your risk assessment on my specific position within the company,
3. Any documents that state that I have been identified as an employee that needs to be vaccinated,
4. Proof that I was consulted with and participated in this process,
5. Proof that this document was completed within twenty-one (21) days of 11 June 2021 as per the legal requirement(s), AND
6. Your Occupational Health and Safety Act (OHSA) Plan that was in place prior to the above date (11 June 2021).

Employee Name	
Date	
Place	
Signature	

Witness 1 Name	
Date	
Place	
Signature	

Witness 2 Name	
Date	
Place	
Signature	