5 CHECKLISTS – COMPLETING COVID-19 VACCINATION STATUS DECLARATION

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Objective To learn how to navigate to and complete	e assigned Che	cklists.		
Navigating & Completing Checklist 1. Click the Mailbox Bell icon to open the mailbox (top right corner of screen). 2. Click the My Checklist tab. 3. Click the GO TO CHECKLIST button. 4. Click on the blue hyper link to open the form for review and completion. 5. Click on the paperclip icon within the COVID-19 Vaccination Declaration form to upload second dose vaccination administration receipt if applicable. 6. Review the form, complete as required and click Sign when finished which will prompt you to enter your Kronos login Password. 7. Select Submit to send the form to Human Resources. You will receive a notification email once the checklist is complete.	My To D ← My COVID - 19 Vacci Please complete th ⓒ Karly Cummings ▲ Incomplete (0 out Started on Sep 10, 2021 Created	(i) (i) (i) (i)	no later than September 24, 2021.	3 O CHECKLIST
COVID-19 Vaccination Status Declaration >	• select submitt when fi	nished. 5 0	6 DOWNLOAD PDF SUBMIT	SAVE
Page 1 of 1 The second county Growing stronger (spectra) COVID -19 Vaccination Status Declaration) D Reset	I am fully vaccinated as defined in Policy 5.47 COVID-19 Workplace Vaccination (at least 14 days following second dose).	Obtain dose administration receipt fm https://covid19.ontariohealth.ca/	om here Ø
Personal Information on this form is collected under the authority of the Occupational Health and Safety Ac O.1 (MSA), as amended, and will be used to determine vaccination status, for compliance with the OHSA is necessary precations are in place to protect our employees and the public verserve. All information, the health information, collected for the purpose will be treated in compliance with the Municipal Freedom of in Protection of Privary Act RSO 1996, c. M.85, Genetics about this collection should be directed to Amy Sain Haman Resources at annihility of a constraint of the Sain Safety Act Please select one of the options below with regards to your current COVID-15 vaccination status. 1. I am fully vaccinated as defined in Policy 5.47 COVID-19 Workplace Vaccination (at least 14 days following second dose). Submit proof of full vaccination status by attaching your second dose administra receipt using the paperclip icon in the top right of the screen. You may obtain y administration receipt from https://covid19.ontariohealth.ca/	RSO 1990, c ensuring diring personal formation and n, plinector of the second second second the second second second second the second	I am requesting an exemption as I am unable to be vaccinated for an Ontario Human Rights Code related reason (i.e. medical or religious). First Scheduled or Obtained Vaccine Date: mm/dd/yyyy I elect not to be vaccinated and do not have a requested or approved exemption.	I am not fully vaccinated (at least since second dose) but intend to Second Scheduled or Obtained Vacci mm/dd/yyyy Employee Signature * SIGN 5	14 days do so. ne Date: