[Contractor Name]

[Address of Contractor’s Principal Place of Business]

[Contractor’s Telephone Number]

[Contractor’s Email Address]

**To:** DSHS Contract Manager, DSHS Contract # [DSHS Contract Number]

**Re:** Proclamation by the Governor 21-14.1 COVID-19 Vaccination Requirement Employer Declaration

I hereby declare:

I am an authorized representative of [Contractor Name], hereafter referred to as “Employer,” a party to DSHS Contract # [DSHS Contract Number].

Employer has obtained a copy of or visually observed proof of full vaccination against COVID-19 for every current employee who is subject to the vaccination requirement in the Governor’s Order.

Employer fully acknowledges, understands, and intends to comply with its continuing obligation under the Governor’s order to verify full vaccination against COVID-19 for every employee subject to the vaccination requirement in the Governor’s Order who is employed after the date and time of my signature below.

In granting any disability or religious accommodation to any employees otherwise subject to the vaccination requirements of the Governor’s Order, Employer has followed and intends to continue to follow the requirements that apply to State Agencies, operators of Educational Settings, and operators of Health Care Settings under Section 2 of the Governor’s Order.

***[If you are a Sole Proprietor, please also check and initial one of three paragraphs below:]***

\_\_\_\_ [*initial*] As a Sole Proprietor, I hereby certify that I am fully vaccinated against COVID-19.

\_\_\_\_\_ [*initial*] As a Sole Proprietor, I hereby certify that I am unable to get vaccinated against COVID-19 because of a disability that requires accommodation under the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, the Washington Law Against Discrimination or other applicable law. I further certify that my requirement for this accommodation has been documented by a health care or rehabilitation professional.

\_\_\_\_\_ [*initial*] As a Sole Proprietor, I hereby certify that I am unable to get vaccinated against COVID-19 because I sincerely hold a religious belief, or sincerely practice and observe a religion that conflicts with the requirements of the Governor’s Order. I further certify that my inability to get vaccinated is not merely based on personal preference.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct, and that I will notify the Department of Social and Health Services (DSHS) of any future changes in any statement herein.

Signed on the [Date], at [City or other location, and State or Country].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)