**NYS Office of Addiction Services and Supports**

**COVID-19 Vaccination Requirement Declaration**

This declaration is required for all companies, contractors or consultants working on-site at a New York State Office of Addiction Services and Supports (OASAS) facility or campus. In accordance with the Centers for Medicare & Medicaid Services (“CMS”) interim final rule, which also applies to contractors performing work at OASAS facilities, this form must be printed, completed, and signed, and then returned to [cmsdeclaration@dasny.org](mailto:cmsdeclaration@dasny.org).

**I hereby declare as follows:**

1. My name is [Individual Signer’s Name] , and I am the [Position Title] at [Company, Contractor or Consultant Name] .
2. The Company, Contractor or Consultant listed on this form ("Company") is a contractor of the New York State Office of General Services, the Dormitory Authority of the State of New York, or the New York State Office of Addiction Services and Supports.
3. The Company, and any subcontractors or subconsultants it may employ has met all applicable vaccine verification and accommodation requirements. This includes the requirement to obtain a copy, or visually observe proof, of full vaccination against COVID-19 for every employee who physically reports to an Office of Addiction Services and Supports work site.

**Printed Name:**

**Signature:**

**Printed Company Name:**

**Dated: January \_\_\_, 2022**