**NYS Department of Health**

**COVID-19 Vaccination Requirement Declaration**

This declaration is required for all companies, contractors or consultants working on-site at a New York State Department of Health (DOH) healthcare/medical facility or campus. In accordance with the Centers for Medicare & Medicaid Services (“CMS”) interim final rule regarding federal COVID-19 vaccination mandates, this form must be printed, completed, and signed, and then returned to 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 Dormitory Authority of the State of New York or the New York State Department of Health.
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 a DOH healthcare facility.

**Printed Name:**

**Signature:**

**Printed Company Name:**

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