[Provider Name] of [AFH Name] does not require caregivers or staff employed by [AFH Name] to be vaccinated against SARS-Covid-19.

In the event of a suspected and/ or confirmed Covid positive case, [Caregiver Name] and all employees of [AFH Name] will follow universal infection control and prevention standards as outlined in [AFH Name]’s Infection Prevention and Control Policy.

* [AFH Name] will require unvaccinated caregivers and/or staff to wear a surgical grade mask at all times unless otherwise outlined in [AFH Name] Infection Control and Prevention Policy.
* [AFH Name] will not require unvaccinated caregivers to wear a mask unless otherwise outlined in [AFH Name] Infection Control and Prevention Policy.

Caregiver Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_