## Appendix E: Contractor's Declaration Attesting to Compliance with Executive Order No. 13G

Contractor / Vendor Name				
Contractor Address				
PeopleSoft ID (for state contra	actors) or other information*			
*If PeopleSoft ID does not apply, pr	rovide information directed by the	covered state agenc	y, school be	pard, or childcare facility
As of this date, provide the n	number of contract workers s	ubject to <u>Execut</u>	ive Order	No. 13G who:
•	gainst COVID-19 (at least 14 o D-19 vaccine)	days have elapse	d since a	person has received
second dose in a two-dos	e and have either received a se series vaccination, such as n as Johnson & Johnson's Jan	Pfizer or Moder	na vaccir	• •
c. Are required to submit vaccinated	t to and provide the results o	of COVID-19 testi	ng becau	se they are not fully
medical exemption t assistant, or advance	to submit and provide the resolution based upon do ed practice registered nurse sed detrimental to the person's	cumentation fro stating that the a	m a phys Idministra	ician, physician's
•	to submit and provide the recination on the basis of a single		_	_
· · · · · · · · · · · · · · · · · · ·	excused from COVID-19 testin	-	•	vided documented
d. Total number of contract	ract workers as defined in Exe	ecutive Order No	. 13G pro	ovided under your
I affirm that all of the c (a) or have had a documente COVID-19 in the 7 days prior Executive Order No. 13G, (2) (3) not be allowed to access of a positive test or fail to be tes	to initially accessing any wo continue to be tested once e any work site that is subject	ast 90 days, will ork site related to very 7 days for th	(1) have I o this con he duratio	had a negative test for tract that is subject to on of this contract, and
I declare and attest the this report and that the injudenties that the injudenties that the linguistry and the provisions of this Exe General Statutes by a fine of	it it is a crime under Connecti ecutive Order, punishable pu	eport is true and cut law to provid rsuant to Sectio	d accura de false ir n 53a-15	te, to the best of my Information in response ITb of the Connecticut
Signature:			Date:	
Person Submitting Report:		1		
Title:				
Fmail Address		Dh	one:	