

**COVID-19 Vaccination Attestation – Corporate Visitors**

I, [VISITOR], hereby attest that the employee [VISITOR] who is deployed to a QuadReal property, office, or other Workplace on (DATE OF VISIT) is Fully Vaccinated.

For the purposes of this attestation form:

“**Workplace**” means all land, facilities, equipment and worksites used for the purposes of QuadReal’s business.

“**Fully Vaccinated**” means, in respect of an individual, that the individual is considered fully vaccinated against COVID-19 by applicable provincial and federal public health authorities, which currently requires that the individual has received all required doses of a World Health Organization or Health Canada approved COVID-19 vaccine (or a combination thereof), in all cases with a 14-day period having passed since the individual received their final dose of the applicable COVID-19 vaccine.

[VISITOR] hereby agrees to provide QuadReal with such evidence as QuadReal may reasonably require to ensure that [VISITOR] is in compliance with this attestation and QuadReal’s COVID-19 vaccination policy, subject to complying with applicable laws.

By signing below, I certify that the information I have provided is accurate and true.

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| DATE |  | [NAME OF VISITOR] |
|  |  | [TITLE] |
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 AUTHORIZED SIGNATORY