



TO BE POSTED IN PUBLIC-FACING LOCATION

**Affirmation of Compliance With
Workplace Vaccination Requirements**

Name of Business

Street Address

City

State

ZIP Code

I affirm that I have read the December 13, 2021 Order of the New York City Commissioner of Health requiring vaccination of workers and that my workplace is in compliance with the Order.

Signature *JM*

Date

Name (printed)

Title