

CONTRACTOR'S CONFIRMATION OF COMPLIANCE WITH MSD'S MANDATORY COVID-19 VACCINATION AND TESTING POLICY AND PROCEDURES

Contractor (Company name): _____

I, _____ (Name), as _____ (Title) attest that I am an authorized representative with authority to bind the Company identified above and hereby under oath, affirm the following:

I have read and understand MSD's Mandatory Vaccination and Medical Testing Policy ("Policy") and Mandatory Vaccination/COVID Testing Procedures ("Procedures") and further understand that the Company, its employees and subcontractors working with MSD must comply with the Policy and Procedures.

I understand that MSD's Policy and Procedures require that:

(a) all employees of the Company and the Company's subcontractors providing services or performing work, or who may provide services or perform work on MSD owned, leased and operated facilities are vaccinated against SARS-CoV-2 ("COVID-19"); or

(b) that the Company provide evidence of a negative COVID-19 test on a weekly basis for all unvaccinated and exempt employees and subcontractors providing services or performing work, or who may provide services or perform work on MSD owned, leased and operated facilities.

I further understand and acknowledge that my Company is responsible for the subcontractors' compliance with MSD's Policy and Procedures, including but not limited to providing evidence of a negative COVID-19 test of all employees who are unvaccinated or who have an approved exemption. Subcontractors shall provide evidence to the Company who then shall provide such evidence to MSD.

I further understand that the Company has a continuing duty to comply with MSD's Policy and Procedures as it relates to all existing employees and to any newly hired employee to whom the Policy and Procedures may apply.

I confirm that all company employees and subcontractors providing services or performing work, or who may provide services or perform work on MSD owned, leased and operated facilities are in compliance with MSD's Policy and Procedures as of _____ (Date).

The Company hereby certifies that its employees and subcontractor's employees providing services or performing work, or who may provide services or perform work on MSD owned, leased and operated facilities are: *(check all boxes that may apply)*

Fully Vaccinated Number of employees _____

(If all employees are fully vaccinated, no further action is required).

Approved for an exemption pursuant to the ADA or Title VII Number of employees _____

(Further action required with weekly testing and submission of Contractor Affidavit of Compliance).

