

**SUBCONTRACTOR AFFIDAVIT OF COMPLIANCE**

I, \_\_\_\_\_ under oath and penalty, hereby affirm as follows:

- (1) I currently hold the position of \_\_\_\_\_ for  
(Title)  
\_\_\_\_\_  
(Name of Prime Contractor)
- (2) My Company is currently a subcontractor for  
\_\_\_\_\_  
(Name of Prime Contractor)
- (3) I am authorized by my Company to provide the information contained in this Subcontractor Affidavit of Compliance and that the information included herein is true and accurate.
- (4) Pursuant to MSD’s Mandatory COVID Vaccination and Testing Procedures, all employees providing services or performing work, or who may provide services or perform work on MSD owned, leased and operated facilities that are unvaccinated or exempted have submitted a COVID-19 negative test result for this week.
- (5) All exempt and unvaccinated employees will continue to be tested weekly for the duration of the contract or until the employees become fully vaccinated.
- (6) No employee subject to the required COVID testing, shall be allowed to access or enter an MSD facility if they either receive a positive test or fail to be tested at least once per week.
- (7) I understand that my Company’s failure to comply with MSD’s Mandatory Vaccination and Testing Policy and Procedures may subject the Prime Contractor’s Company to penalty as set forth in MSD’s Mandatory Vaccination/COVID Testing Procedures.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_ )

(Date)

STATE OF \_\_\_\_\_ )

) SS

COUNTY OF \_\_\_\_\_ )

The foregoing document was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ as the \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

\_\_\_\_\_  
Notary Public