

**DePaul University Annual Vendor/Entity COVID-19 Vaccine Compliance Certification Pursuant To
Illinois Executive Order 2021-20 (COVID-19 Executive Order No. 87)**

I, _____,
Print Name

acting as an authorized representative of _____ (“Vendor”),
Print Company Name

certify that our company will assist in mitigating the risk of spreading COVID-19 to the DePaul University community by complying with Illinois Executive Order 2021-20 (COVID-19 Executive Order No. 87) while performing services on campus. Minimally, we agree that:

1. All Vendor employees and contractors (“Employees”) shall comply with posted COVID-19 safety directives, such as wearing a mask covering their nose and mouth while inside any DePaul facility.
2. With the exception of Employees who are solely on site briefly, for example to make deliveries or pick-ups, all Employees shall be fully vaccinated for COVID-19.
 - a. Vendor shall be responsible for verifying the vaccination status of its Employees prior to assignment to DePaul.
 - b. Employees should be prepared to provide proof of vaccinated status upon request.
3. With respect to Employees who receive an exemption from the vaccination requirement for a qualifying medical or religious reason:
 - a. Vendor shall ensure that its exempted Employees complete testing on a weekly basis to confirm that such individuals remain negative for COVID-19.
 - b. Vendor shall direct all exempted Employees to wear a mask at all times while on site at DePaul. Vendor shall reassign individuals who fail to do so.
 - c. Vendor’s Employees should be prepared to provide proof of their most recent weekly negative test results upon request.
4. Vendor shall be responsible for: (1) verifying qualifying religious or medical exemptions for its Employees; (2) ensuring compliance with ongoing COVID-19 testing requirements as outlined herein; and (3) ensuring its Employees who test positive for COVID-19 do not return to DePaul until after 10 days since symptoms first appeared and at least 24 hours with no fever and improved symptoms or after a negative COVID-19 test, whichever is longer.

Agreed to and accepted by:

Signature: _____

Title: _____

Date: _____

This form must be completed and returned via e-mail to your respective DePaul University contact prior to performing services on campus.