

Board of Health Manual
PUBLIC HEALTH SUDBURY & DISTRICTS
CODE OF CONDUCT (Code) DECLARATION FORM

I confirm that I have read and understand the Board of Health's Code of Conduct, Policy C-I-15, in its entirety and I hereby declare that I will comply with the Code.

Dated this ____ day of _____, 20__.

In the city / town of _____ in the Province of Ontario.

Witness

Signature