

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

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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