

Affidavit of **<your first last name>** made to support the
Notice of Liability to **<first/last name of who caused harm>** for breach of privacy

I, **<your first last name>** of the City of Toronto,

MAKE OATH AND SAY:

1. **<your first last name>** was denied entry to **<place of employment>** **<him/her>** place of employment by the staff **<first, last name of person who caused harm>**. **<your first name>** was advised that she was required to show proof of vaccination to continue working with pay.
2. **<your first name>** stated that this is private medical information that **<he/she>** not have to disclose pursuant to her natural and legal right to privacy.
3. The staff **<first, last name of person who caused harm>** was advised **<your first last name>** would be sent home on leave without pay which is constructive dismissal if **<he/she>** did not disclose her vaccine status.
4. **The**, British North American Act now known as ‘at law’ as the Canada/Constitution Act, 1867 to 1982 as amended to include the Charter of Rights and Freedoms, restrict the scope and applicability for CANADA and not the land or the geographical area with defined territorial boundaries know as Canada; and
5. **The**, enacting of clause/Royal Assent and Section 2 of the British North American Act, 1867 was repealed as per the Statue of Revision Act, 1893 and The Canada/Constitution Act, 1982 remains subject to Section 59 until ratified and fixed by proclamation before coming into force by way of Royal Assent.

Use one of the following if affidavit is being sworn or affirmed by video conference:

Complete if deponent and commissioner are in same city or town:

by **<deponent’s name>** at the **<City, Town, etc.>** of in the **<County, Regional Municipality, etc.>** of, before me on **<date>** in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

.....

Commissioner for Taking Affidavits (or as may be)

Signature of Commissioner (or as may be)

Signature of Deponent

Complete if deponent and commissioner are not in same city or town:

by **<deponent’s name>** of **<City, Town, etc.>** of in the **<County, Regional Municipality, etc.>** of, before me at the **<City, Town, etc.>** of in the **<County, Regional Municipality, etc.>** of....., on **<date>** in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely.

.....

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Commissioner for Taking Affidavits (*or as may be*)