

DATE:

TO: ALL (COMPANY NAME) PERSONNEL

SUBJECT: (COMPANY NAME) POLICY on COVID-19 Vaccination Requirements

Due to the state mandates requiring healthcare facilities to vaccinate their staff members our office is instituting a compliance policy. Our intent is to allow our team member exercise their right choose within the limits of the law.

While the health and safety of our employees, their families, and our patients has always been **(COMPANY NAME's)** top priority, so too is our commitment to respecting and honoring the personal medical and religious decisions of all people.

All personnel working with **(COMPANY)** will comply with the vaccine mandates as described below:

COVID-19 Vaccines:

As soon as possible but no later than October 15th, 2021, please provide **(HR or other appropriate designee)** with either proof of full vaccination or appropriate documentation of a medical or religious exemption. **(HR or other appropriate designee)** will provide you with the exemption form upon request.

Any person who requests an exemption from the vaccination requirement for medical or religious reasons will be accommodated on a case-by-case basis in a manner that does not compromise the safety or health of any person working in or visiting **(COMPANY)**.

All documentation provided will be secured by **(HR or other appropriate designee)** in a confidential medical file in accordance with established laws protecting an individual's medical information.

If you have any questions or concerns regarding this policy, please contact: **(designate one or two)** at: **phone/email**.

Thank you for all that you do to meet the needs of our patients each day and for your continued efforts to protect yourself, your family, and our patients.

Signature of owner/CEO (person with authority)

Title