SUBJECT: ACTION REQUIRED: VACCINATION STATUS SURVEY - COMPLETE BY

[DATE]

Dear Colleagues,

As you may know, all [ORGANIZATION] employees must be either vaccinated against COVID-19 or submit to a weekly test proving they are not infected with the coronavirus to [COMPANY POLICY: e.g., “work from our offices”].

We are requiring ALL employees to provide details on their vaccination status. You must complete this survey on your vaccination status no later than [DATE].

${l://SurveyLink?d=Click%20here%20to%20report%20your%20vaccination%20status}, or copy and paste the link below into your browser:

${l://SurveyURL}

The brief survey will ask about the following:

* Your vaccination status - full, partial, or not vaccinated
* For those who are fully or partially vaccinated:
	+ Details of your vaccine administration, including vaccine type, date and provider name
	+ Proof of vaccination (e.g., Vaccination Record Card, Immunization Record from a Healthcare Provider)
	+ If you do not have proof of vaccination, you will be required to attest to your vaccination status
* For those not fully vaccinated:
	+ If you are planning to become fully vaccinated
	+ If you have received or will be seeking a medical or religious accommodation
	+ If you work in a location (i.e., home, outdoors, in a place where you have no contact with customers or colleagues)

Here is information [LINK] to our company policy.

Once again, this survey must be completed by ALL employees no later than [DATE].

Thank you for helping us keep all of our employees and their families safe and healthy.

Sincerely,

[INSERT SIGNATURE]