**Voluntary Vaccination Policy Effective [DATE]**

**Purpose**

This company policy includes the measures we are adopting to safeguard the health of our employees, their families, our customers and visitors, and the community at large from infectious diseases, such as but not limited to COVID-19 and influenza. We assure you that we will always treat your private health and personal data with high confidentiality and sensitivity.

This company policy will comply with any applicable federal, state and county laws and is based on guidance from governmental health and employment authorities and is susceptible to changes. If so, we will update you as soon as possible by email.

**Scope**

This policy applies to all our employees. All employees are encouraged to receive vaccinations as determined by {insert company department/committee}.

**Elements**

Employees will be notified by {insert department or staff} as to the type of vaccination(s) covered by this policy and the timeframe(s) for having the vaccine(s) administered. [ Insert Company Name] will provide either onsite access to the vaccines or a list of locations to assist employees in receiving the vaccine on their own.

[Insert Company Name] will pay for all vaccinations. When not received in-house, vaccinations should be run through employees’ health insurance where applicable and otherwise be submitted for reimbursement.

All employees will be paid for time taken to receive vaccinations. For offsite vaccinations, employees are to work with their managers to schedule appropriate time to comply with this policy.

Employees should provide proof of vaccination before the stated deadlines to be vaccinated have expired. Employees who do not provide timely proof of vaccination will be required to wear an approved face covering at all times while in the workplace and when engaging with customers, unless an approved exemption from wearing a face covering has been provided.

Our policy is to treat any medical information obtained from a disability-related inquiry or medical examination, as well as any medical information voluntarily disclosed by an employee, such as contracting the contiguous disease, as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with supervisors, managers, first aid and safety personnel, and government officials as required by law.

*Please contact [Employee Name] if you have any questions or feedback on this policy.*