**COVID-19 Vaccine Planning**

[COMPANY NAME] is preparing to offer COVID-19 vaccines to any employees who would like to receive one. In an effort to distribute as many vaccines as possible, we may also be able to offer vaccines to immediate family members over the age of 16. If the COVID-19 vaccine were to be offered to you and your immediate family, would you choose to get the vaccine?

No: \_\_\_\_\_\_\_\_\_\_\_

Yes: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any family members get it as well? If yes, how many? \_\_\_\_\_\_\_\_\_

Please return this form to \_\_\_\_\_\_\_\_[designated contact name]\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_[date]\_\_\_\_\_\_\_\_

Thank you.

[COMPANY NAME/LOGO]