

COVID-19 Vaccination Policy Questionnaire

Name of Employer _____

Number of Employees _____

Contact Person(s) for Questions _____

Phone and Email _____

Will the COVID-19 vaccination be mandatory for current employees and new hires?

Yes No

Will you be interested in providing the vaccine on-site if this option is available?

Yes No

If off-site, will you be working with a preferred provider?

Yes No

If yes, whom? _____

If off-site, will you be paying employees for time spent obtaining the vaccination?

Yes No

If off-site and during non-work time, will you permit employees to use available vacation time, PTO, sick leave, or other employer-provided time-off to obtain the vaccine, or otherwise provide approved unpaid time off?

Yes No

Will you offer any financial incentives or bonuses for employees who obtain the vaccine?

Yes No

If yes, what? _____

If employees have vaccine-related expenses not covered by health insurance, will you cover those expenses?

Yes No

Please return this questionnaire to: jhyman@meyersroman.com