



Employee Survey: COVID-19 Vaccine Status

[Company name] is requesting input from employees regarding their COVID-19 vaccination status and how [Company name] may help to facilitate vaccinations for employees. This anonymous and voluntary survey will help senior management make decisions regarding reopening the office; however, the results of this survey will not be the only information used in the decision-making process. At this time, [Company name] has no intention of mandating the COVID-19 vaccine.

Have you received a COVID-19 vaccine?

- Yes No

(If yes, this survey is complete, and you may submit it now.)

If not, do you plan to receive the COVID-19 vaccine?

- Yes No

If you are planning on receiving the vaccine, in what time frame do you plan to do so?

- Within the next month
 Within the next three months
 Within the next six months
 Other: _____

If you are planning on receiving the vaccine, where would you prefer to receive it if given the choice:

- My health care provider
 Local health department
 Vaccination clinic at [Company name] worksite
 Other: _____

(If you are planning on receiving the vaccine, this survey is complete, and you may submit it now.)

If you do not plan on receiving the vaccine, please answer the following:

Would a monetary incentive offered by [Company name] change your mind?

- Yes No

Would another type of incentive offered by [Company name], such as paid time off, change your mind?

- Yes. If so, what type: _____
 No

Do you have a medical reason for not receiving the COVID-19 vaccine?

- Yes No

Do you have a religious objection to receiving the COVID-19 vaccine?

- Yes No

Would you find it helpful if [Company name] provided employees with resources on the COVID-19 vaccine, such as educational information, state/county vaccination schedules and estimated time frames for eligibility?

- Yes No

Thank you for your input. Please return this survey to human resources no later than [date].