|  |
| --- |
| **Notice**SOCMA has prepared this publication and it is disseminated for educational and informational purposes only. It should not take the place of appropriate technical or legal advice related to company specific circumstances. Companies have an independent obligation to ascertain that their actions and practices are sound. Although every effort has been made to provide accurate and up-to-date information, SOCMA does not assume any liability of any kind whatsoever for the use of or reliance upon the information contained in this publication. |
|  |

**OSHA COVID-19 Vaccination ETS Employee Notification**

I acknowledge that *company name* has reviewed its implementation plan for the OSHA COVID-19 Vaccination ETS. I have received a copy of *company name’s* *mandatory vaccine policy OR vaccine, testing and face covering policy*, which *Company name* has reviewed with me. I have been provided with information on the policy in a language and at a literacy level that I understand.

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

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_