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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_