

SAMPLE – Vaccine Eligibility Letter for Home Care and Fiscal Intermediary Workers

[AGENCY LETTERHEAD PREFERRED]

[Agency address, phone, fax, website]

[Date]

Re: Proof of Eligibility for COVID-19 Vaccine

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[Agency instructions: please ask your personnel to sign and date this letter that will **NEED** to be provided at the time of vaccination. This letter may be kept by the vaccinating entity as proof of eligibility and therefore, a second letter may be needed at the time of the second vaccination. Instruct employees to bring identification in case they are asked to prove their identity and confirm their signature. Keep records of these instructions.]

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To our Valued Home Care Workers,

Please print and sign your name on the enclosed document and bring it with you to your vaccination appointment. This form was created due to COVID-19 pandemic, to provide to COVID-19 immunizers as proof of your eligibility you receive the COVID-19 vaccine as of January 11, 2021.

Thank you kindly for your cooperation. We value the work you do each day and we appreciate all your efforts during this time. The vaccine will provide safe, effective prevention of the spread of COVID-19.

Warm regards,

[Agency name]

[Agency name]

Employee Name: _____

Employee Signature: _____

Date: _____

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SAMPLE

[Agency address, phone, fax, website]

Attention: COVID-19 IMMUNIZERS

From: [Agency contact and title]

[Date]

Re: Eligible Personnel Designation for

Employee Name (please print)

Please recognize that the above-referenced employee provides **Home Care Services**, which makes them eligible for the COVID-19 vaccine as of January 11, 2021.

For verification, please call [Agency contact number]. Be advised, this dedicated line may be busy due to the large number of incoming calls.

I, _____, acknowledge and understand that I have been designated as eligible for the COVID-19 vaccine because of my employment at [Agency Name].

Employee's Signature

[Agency Contact]

Date:

Date:

Essential staff of [Agency name] should have this memo in their possession along with their current ID to present to immunizers.