**Employee Survey: COVID-19 Vaccine**

[Company name] is requesting input from employees regarding their intentions to receive the COVID-19 vaccine 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.

Do you plan to receive the COVID-19 vaccine once it becomes available to you?

* Yes
* No

If yes, where would you prefer to receive the vaccine if given the choice:

* My health care provider
* Local health department
* Vaccination clinic at [Company name] worksite
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, 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].