**Voluntary Vaccination Acknowledgement Form**

**Reviewed for NC and federal compliance. If using this policy in other states, review with legal counsel. For example, Oregon does not permit mandatory vaccines, unless otherwise mandated by state or federal law.**

COMPANY NAME has communicated the following information to me and I understand the following information.

1. By declining the vaccine, I may be more likely to contract COVID-19 which is a life-threatening condition. For more information on COVID-19, visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
2. **I understand that if I have a disabling condition which would prevent me from safely receiving the vaccine or if I have a religious objection to a vaccine, then I should contact the Human Resources department by \_\_\_\_\_\_\_\_\_\_ (date).**

COMPANY NAME is committed to an interactive and respectful dialogue about individual employee needs and will, at that time, request additional information if needed to substantiate the employee’s ADA condition or religious beliefs and will discuss potential alternatives (reasonable accommodations) to receiving the vaccine. The employee is committed to providing reasonable accommodation unless such accommodation is an undue hardship or causes a significant safety risk to the employee or others.

Retaliation for reporting an ADA or religious objection to getting the vaccine is expressly prohibited and should be reported to Human Resources should it occur.

1. Employees who refuse to take the vaccine without having initiated an ADA or religious accommodation discussion will be placed on leave. This leave will be evaluated on an ongoing basis. Termination may occur at the point that the company feels the leave is not progressing towards re-instatement.

I understand this information and will contact Human Resources in a timely manner with any questions or to request religious or ADA Accommodation.

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

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print clearly)