

FACILITY LETTERHEAD HERE

Please note that the following is only a vaccine letter sample. Facilities may modify the verbiage to their specific facility's preference.

RE: (insert staff name and DOB here)

To COVID-19 Vaccine Site:

This letter serves to confirm that the person listed above is an eligible staff employed by our company and therefore should be considered eligible for vaccination within phase 1B Tier 1 (Food/Agriculture, Education/Childcare, Emergency Services). Proof of age (50-64 years) to be provided by staff at vaccination site.

Sincerely,

[Facility Administrator Name]

Facility Address

Facility Phone Number

Administrator's Email]