

January 5, 2021

EMPLOYEE _____ DATE _____

_____ I WOULD **LIKE** TO GET THE COVID 19 VACCINE WHEN OFFERED TO OUR COMPANY.

_____ I WOULD **NOT LIKE** TO GET THE COVID 19 VACCINE WHEN OFFERED TO OUR COMPANY.

EMPLOYEE SIGNATURE _____ -DATE _____

BEST MANAGEMENT
SIGNATURE _____ DATE _____ --