

**COVID-19 Mandatory Vaccination – Employee Restrictions on Access to Health Care Facilities – Guidelines**

Current version: 17/09/2021

**TEMPLATE – FINAL NOTICE TO EMPLOYEES OF REQUIREMENT TO BE VACCINATED**

*[This template is framed as individual correspondence].*

[Name]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

Dear [Employee]

**FINAL NOTICE – REQUIREMENT TO BE VACCINATED AGAINST COVID-19**

On [DD/MM/2021], I issued a lawful order (**attached**) requiring all employees of [HEALTH SERVICE PROVIDER] to be vaccinated against COVID-19 in accordance with the staged approach set out in the *COVID-19 Mandatory Vaccination and Vaccination Program Policy* (**Policy**) and *Health Worker (Restrictions on Access) Directions (No 2)* (**Directions**).

[On/By] [DD/MM/YYYY] I required you to provide evidence that you have been vaccinated against COVID-19 or evidence of your status as an exempt person under the Directions.

As at [DD/MM/YYYY], our records indicate that you have not provided evidence that you have been vaccinated against COVID-19 or evidence of your status as an exempt person under the Directions.

If you have already been vaccinated or are an exempt person, I thank you for your support to protect the health and wellbeing of both our valued workforce and the people in their care.

To continue to access health care facilities in accordance with the Directions, you will need to provide evidence of your vaccination or status as an exempt person to [contact@health.wa.gov.au] as soon as possible by but no later than [DD/MM/YYYY].

If you elect not to have a COVID-19 vaccination by [DD/MM/YYYY], the Preliminary Access Restriction Period described in the *COVID-19 Mandatory Vaccination – Employee Restrictions on Access to Health Care Facilities – Guidelines* may apply. You must inform your line manager of this election.

Please contact your local Human Resources team on [CONTACT DETAILS] for any queries, noting the Directions apply from [RELEVANT DATE].

Yours sincerely

[Name]

**[DIRECTOR GENERAL/CHIEF EXECUTIVE]**

**[DEPARTMENT/HEALTH SERVICE PROVIDER]**

Att.

1. *Lawful order*