[DATE]

To Whom it May Concern:

Please be advised that [COMPANY] is a medical device company that employees health care workers who work in medical facilities that care for people at high risk.

[EMPLOYEE NAME], a [COMPANY] [JOB TITLE], whose identity can be confirmed by the presentation of a valid government issued identification together with this letter, is essential for [COMPANY] to fulfill its mission as a health care supplier and manufacturer of approved medical devices and health care services to hospitals and physicians.

[COMPANY] attests that **the employee carrying this letter meets the criteria to be classified as health care personnel eligible for vaccination in Group 1 of the COVID-19 vaccination program** according to the German Federal Ministry of Health. This employee’s essential work requires them to, among other things, be present in operating rooms and procedural suites where [COMPANY]’s life-saving medical devices are used, which places them in a setting with the potential for direct or indirect exposure to COVID-19 patients and infectious materials.

The German Federal Ministry of Health states that:

The "highest priority" group who can get the vaccine first includes those over 80. This also includes: residents and staff of nursing homes, employees of outpatient care services, staff in intensive care units, in emergency rooms and in the rescue service. [[1]](#footnote-1)

Specifically, Group 1 is identified by the German Federal Ministry of Health as follows:

Group 1 - highest priority (only this group can currently be vaccinated):

* Over 80 year olds
* People who are treated, cared for or cared for in inpatient facilities for the elderly or in need of care, or who work,
* Nursing staff in outpatient care services
* Employees in medical facilities with a high exposure risk such as intensive care units, emergency rooms, rescue services, as service providers of specialized outpatient palliative care, corona vaccination centers and in areas with infection-related activities
* **Employees in medical facilities who treat, or care for people at high risk** (**especially** hemato-oncology and **transplant medicine**.) [[2]](#footnote-2)

The requirement for this employee’s presence in the health care facilities below may be verified by the following contacts:

* [Hospital Contact]
* [ASC Contact]
* [Clinic Contact]
* [Lab Contact]

Although many of our employees can work from home and have been asked to do so, certain positions cannot be performed from home and are necessary for [COMPANY] to fulfill its critical health care operations.

If there are any questions or concerns, please contact [COMPANY CONTACT] at [COMPANY CONTACT PHONE#] or [COMPANY CONTACT EMAIL].

Sincerely,

[COMPANY EXECUTIVE SIGNATORY PRINTED NAME]

[COMPANY EXECUTIVE SIGNATORY TITLE]

1. <https://www.bundesregierung.de/breg-de/aktuelles/spahn-impfverordung-1829996> [↑](#footnote-ref-1)
2. <https://www.bundesregierung.de/breg-de/themen/coronavirus/coronavirus-impfung-faq-1788988> [↑](#footnote-ref-2)