[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 Stage 0 of the COVID-19 National Immunization Program** according to the Poland 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 Poland Ministry of Health states that Stage 0 is for:

* Employees of the health sector (including individual practitioners), employees of social welfare homes and municipal social welfare centers as well as auxiliary and administrative staff in medical facilities, including sanitary and epidemiological stations, persons employed in an organizational unit of social assistance within the meaning of art. 6 point 5 of the Act of 12 March 2004 on social assistance. The possibility of being vaccinated will be e.g. medical professionals, including laboratory diagnosticians, pharmacists and pharmaceutical technicians, clinical psychologists and others, including employees of private health care providers.
* Vaccinations will also apply to technical and administrative employees of medical entities, diagnostic laboratories, medical transport, as well as employees of medical universities, doctoral students and students of medical faculties, and legal representatives of children born before 37 weeks of pregnancy.
* People employed in 24/7 care facilities[[1]](#footnote-1)

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.gov.pl/web/szczepimysie/od-kiedy-moge-sie-zaszczepic> [↑](#footnote-ref-1)