[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 1 of the COVID-19 vaccination strategy** according to the Spain 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 Spain Ministry of Health states that Stage 1 is for:

* Residents and health and social health personnel who work in homes for the elderly and care for large dependents
* **Front-line personnel in the health and social health field**
* Other health and social health personnel (not included in the previous group) who carry out activities that require close contact with people who may be infected by SARS-CoV-2. **Priority will be given to personnel from the hospital and Primary Care settings that are not considered first-line.** Dentistry, dental hygiene and other health personnel who care for people without a mask for more than 15 minutes will also be vaccinated
* People considered highly dependent (degree III of dependency, that is, in need of intense support measures) who are not currently institutionalized[[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.vacunacovid.gob.es/preguntas-y-respuestas/cuando-me-vacuno> [↑](#footnote-ref-1)