Employee COVID-19 Vaccine and Testing Mandate Survey for Large Employers

[Note: This survey is intended to be edited and customized by employers to suit their unique needs.]

The Biden administration recently announced plans to require employers with more than 100 employees to mandate COVID-19 vaccines or weekly testing for unvaccinated employees. As the Occupational Safety and Health Administration (OSHA) is expected to issue further guidance for organizations in the coming week, is monitoring any developments or policy changes. The exact timeline is unclear, but has begun preparing to comply with the upcoming OSHA rule.

As part of our preparation, we've developed this survey to get your feedback on the vaccine. Please take a few moments to complete this anonymous survey and return it to [insert contact name].

Thank you!

- 1. What are your top concerns, if any, about COVID-19 vaccines? Select all that apply.
 - \Box I don't have any concerns.
 - \Box I don't trust the vaccine.
 - \Box I don't feel educated about the vaccine.
 - \Box I don't want to get the vaccine.
 - □ I'm concerned about the vaccine's ability to protect against severe cases of COVID-19.
 - \Box I'm concerned about vaccine side effects.
 - $\hfill\square$ I have medical concerns about the vaccine.
 - $\hfill\square$ I have religious concerns about the vaccine.
 - \Box Other (please explain below).

- 2. What are your top concerns, if any, about a vaccine mandate? Select all that apply.
 - □ None
 - □ General COVID-19 vaccine concerns
 - □ Employee freedom

- □ Employee morale
- □ Personal accommodations or exemptions
- □ Workplace culture
- \Box Other (please explain below)

3. Please explain your answer(s) to the above question. Please be as specific as possible.

- 4. If unvaccinated, do you intend to comply with a vaccine mandate?
 - □ N/A
 - \Box Yes
 - 🗆 No
 - \Box Prefer not to answer
- 5. If unvaccinated, do you intend to comply with a weekly testing mandate?
 - □ N/A
 - □ Yes
 - 🗆 No
 - \Box Prefer not to answer
- 6. If unvaccinated, do you have a medical reason for not receiving the vaccine?
 - \Box N/A
 - \Box Yes
 - 🗆 No

 $\hfill\square$ Prefer not to answer

- 7. If unvaccinated, do you have a religious reason for not receiving the vaccine?
 - □ N/A
 - □ Yes
 - 🗆 No
 - $\hfill\square$ Prefer not to answer
- 8. Does a vaccine or testing mandate influence your employment decisions?
 - \Box Yes, I would be more likely to stay at .
 - \Box Yes, I would be more likely to look for other opportunities at a smaller organization.
 - \Box No, I don't have a strong feeling either way.
 - \Box I'm not sure.
- 9. Please explain your answer to the above question and be specific as possible.

- 10. What are your concerns, if any, about returning to in-person work? Select all that apply.
 - \Box Becoming sick myself
 - $\hfill\square$ Spreading illness to my co-workers
 - $\hfill\square$ Losing the flexibility of remote working
 - □ Decreasing my productivity
 - $\hfill\square$ Finding someone to help with my caregiving responsibilities
 - \Box Other (please explain below)

11. Would you find it helpful if provided employees with resources on the COVID-19 vaccine, such as educational information and local vaccination details?

🗆 Yes

🗆 No

12. Please provide any additional comments regarding the COVID-19 vaccines or testing mandates.