**<Company Logo>**

**CERTIFICATION OF OCCUPATION FOR PHASE 1A COVID-1 VACCINE DISTRIBUTION**

<NAME OF EMPLOYEE> is an employee of <AGENCY NAME> and is qualified to receive the COVID-19 vaccine in Phase 1A as healthcare personnel, as outlined in the Pennsylvania Department of Health’s Updated COVID-19 Interim Vaccination Plan.

<AGENCY NAME> is licensed by the Pennsylvania Department of Health under the Health Care Facilities Act, and this employee is able to provide (his/her) identification badge and/or state-issued identification.

If you need to verify employment, please contact <NAME> at <PHONE NUMBER/E-MAIL>.

Sincerely,