Month, Date, 2021

**Re: Eligibility for Vaccination during Phase 2 - *Second Group of Essential Workers Who Cannot***

***Work from Home – Construction Sector Cohort***

Attention Vaccination Administrator:

This letter confirms that ***(Insert Full Legal Name and appropriate designation, if applicable)*** is employed by ***(Insert Company)*** and, as part of their employment obligations, are required to provide services in the field and at construction sites that are necessary for and integral to the integrity of Ontario’s construction sector which has been deemed an essential business under the *Emergency Management and Civil Protection Act*. ***(modify reference to construction/construction sector as necessary where subject services are for manufacturing industries directly involved in supporting the COVID-19 response or for an other essential business and service where the facility/facilities are at heightened risk for COVID-19 outbreaks and spread)***

Pursuant to the Ministry of Health COVID-19: Guidance for Prioritization of Phase 2 Populations for COVID-19 Vaccination, Version 1.1, March 23, 2021, (p.19), the *Second Group of Essential Workers Who Cannot Work from Home* includes:

***“Workers in manufacturing industries directly involved in supporting the COVID-19 response, construction including infrastructure, and other essential businesses and services where facilities are at heightened risk for COVID-19 outbreaks and spread”.***

Thus, this letter of authorization confirms the entitlement of ***(Insert Full Legal Name and appropriate designation, if applicable)*** to receive the COVID-19 vaccination being offered at your facility as part of the Phase 2 *Second Group of Essential Workers Who Cannot Work from Home*.

For certainty, this letter applies only to ***(Insert Full Legal Name and appropriate designation, if applicable)*** and is not intended for use by any other individual or employee of ***(Insert Company)***. Prior to administering the vaccine, we trust that the identity of the above-noted individual will be confirmed (e.g., through presentation of appropriate government-issued photo identification).

Should you have any questions or concerns regarding the above noted individual presenting themselves to receive the COVID-19 vaccination, please contact ***(Insert Company Contact)*** by email at ***(Insert email address)*** or by phone at ***(Insert phone number)***.

Sincerely,

Company Representative

Title