**DELETE THIS PAGE** BEFORE SENDING YOUR LETTER

If an employer is forcing mandatory vaccination in your workplace, the template letter below is a possible way to handle it and put you in a stronger negotiating position. It highlights the responsibility of your employer for your safety and health as a result of a vaccine. The legality of employers forcing employees to take a vaccine is a legal grey zone.

It’s possible that your employer will not provide you with the information requested in this letter. **Providing this letter does not guarantee that you will avoid having to take a vaccine.** It is intended to remind your employer of their obligations to you and to request information about their decision that may assist you later if you choose to challenge the direction.

Before using the template, please note the following:

* You should be fully informed before providing consent to treatment. **Ask for that information.**
* Your valid informed consent must be voluntary and based on disclosure of clear details of risks, alternatives, need, options, side effects, any other possible harm that could be caused by the proposed vaccination and their relevance to your workplace. **Ask for these to be specified.**
* The information the employer would need to disclose needs to be specific to you writing the letter and relevant to you in considering whether to consent or not.
* A direction to take a vaccine as a requirement to work must be reasonable. **Ask for the reasons.**

Rather than refuse the vaccine outright, employees may be in a stronger legal position through trying something like this. Despite receiving this letter and choosing to provide or not provide you with the requested information, an employer might still direct you to get vaccinated or seek to terminate your employment. At this point you should seek independent legal advice from a suitably qualified employment or industrial relations lawyer, and/or assistance from your relevant union.

Please keep in mind that if you agreed to be vaccinated when you were first appointed to your position you may be required to be vaccinated under your contract of employment.

The following template letter could assist you because it shows you are willing to be vaccinated providing you receive information and protection. Some employers may not be capable or willing to provide such reassurance and as a result may not insist on vaccination. Information requested at points 1, 2 and 3 of the letter is especially important and could assist you if you choose to challenge the direction from your employer in court.

**Disclaimer: Vaccine mandates in employment law are currently an uncertain and grey legal area. This Information is not to be considered as specific legal advice to be relied on. It comes from various sources and is for your consideration only. If you have any concerns, questions or problems please contact an employment adviser, your relevant union or a solicitor.**

**DELETE THIS PAGE** BEFORE SENDING YOUR LETTER

[INSERT **THE DATE** HERE]

INSERT **COMPANY NAME** HERE

ADDRESS LINE 1

SUBURB STATE POSTCODE

Dear [DELETE THIS AND INSERT **YOUR EMPLOYERS NAME** HERE]

I write regarding your direction for me to receive a COVID-19 vaccine. Before making a decision in this matter, I wish to be fully informed and appraised of all relevant facts. In that regard, I would appreciate you providing me with the following information:-

1. Whether you are making this request under a specific law or public health order. If so, please specify the specific law or public health order.
2. The circumstances under which you believe this is a reasonable direction, specifically:
   1. The nature of the workplace (the extent to which I need to work in public facing roles, whether social distancing is possible and whether the business is providing an essential service);
   2. the extent of community transmission of COVID-19 in the location of the workplace, including the risk of transmission among employees, customers or other members of the community;
   3. the effectiveness of the relevant vaccine in reducing the risk of transmission;
   4. my individual work circumstances, including duties and risks associated with my work;
   5. whether you are accommodating for employees who have a legitimate reason for not being vaccinated and the details of these accommodations;
   6. vaccine availability.
3. Under what Work Tier (1, 2, 3 or 4) you classify my work according to the below criteria:

***Tier 1****: employees are required as part of their duties to interact with people with an increased risk of being infected with coronavirus (for example, employees working in hotel quarantine or border control)*

***Tier 2****: employees are required to have close contact with people who are particularly vulnerable to the health impacts of coronavirus (for example, employees working in health care or aged care).*

***Tier 3****: there is interaction or likely interaction between employees and other people such as customers, other employees or the public in the normal course of employment (for example, stores providing essential goods and services).*

***Tier 4****: employees have minimal face-to-face interaction as part of their normal employment duties.*

1. The approved legal status of the COVID-19 vaccine and if it is under experimental or “provisional” approval in Australia.
2. Details and assurances that the vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests including its long term safety, its effect on pregnant recipients, its use for children and its future generational safety along with the data used to come to these conclusions.
3. The full list of contents of the vaccine that I am to receive, and if any are toxic to the body.
4. All adverse reactions associated with this vaccine in Australia since its introduction, including deaths and disablement supported by the latest relevant data.
5. The likely risks of fatality or serious side effects, should I be unfortunate enough to contract COVID-19 after being vaccinated and the likelihood of recovery and long-term side effects supported by the appropriate data.
6. Confirmation that I will not be under any duress or coercion from you or a representative of your company, as my employer, to force me to have this vaccination including threatened loss of employment.

Once I have received the above information in full and I am satisfied that there is no threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions, namely:-

1. I receive written confirmation that no harm will come to me after receiving this vaccination.
2. Once the information is provided to me and confirmed by a qualified medical doctor, you will undertake to accept full legal and financial responsibility for any injuries occurring to myself as a result of receiving this vaccination.
3. In the event that I choose to decline the offer of vaccination, please confirm that:
4. it will not compromise my workplace position; and
5. I will not suffer prejudice and discrimination as a result.

Yours faithfully

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[SIGNATURE **ABOVE**]

[INSERT **YOUR PRINTED NAME** HERE]