**Sample Updated Survey about COVID-19 Vaccination**  
  
**Purpose:** The following survey questions can be used to measure employee interest in receiving the COVID-19 vaccine. The questions can be transferred to an online survey form, using programs such as Google, Microsoft 365 or Survey Monkey. The data should be shared with your county health department officials no later than the close of business on Monday. They also want to know if your school district has an existing partnership with an immunization provider.  
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**[District] Employee COVID-19 Vaccine Survey**

**Name:**  
**Building:**  
**Position:**

**Do you want to receive the COVID-19 vaccine when it becomes available to education professionals in the next few weeks?**   
  
0 Yes  
0 No  
0 I have already received the first dose of the COVID-19 vaccine.  
0 I have already received the first and second dose of the COVID-19 vaccine.

**If you have received only one dose of the COVID-19 vaccine and require another one, which one did you receive?**  
  
0 Pfizer  
0 Moderna  
0 This does not apply to me.

**If you have received only one dose of the COVID-19 vaccine, are you scheduled to receive your second dose on or later than February 22?**  
  
0 Yes

0 No  
0 This does not apply to me.

**I understand that by typing my name in the box below, I authorize the district to share this information with public health and/or education officials for planning and vaccine distribution purposes.**

[Short Comment Box for Text]