



ACKNOWLEDGMENT OF COMPLIANCE

COVID-19 Vaccine Mandate Order

I, _____ (name), acknowledge that I received, reviewed, and understand the Fresenius Medical Care policy regarding COVID-19 Vaccination Requirements for Staff (the “Policy”) and agree to comply with its terms at all times.

Signature

Date

Title

Practice Name/Company

Reference Number:	61715	Version:	2	©2021, Fresenius Medical Care, All Rights Reserved	Page 1 of 1
-------------------	-------	----------	---	--	-------------