



ADAM'S EUROPEAN CONTRACTING INC.  
589 JOHNSON AVENUE  
BROOKLYN NY 11237

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tel. 718-417-9000 fax. 718-417-1093

**ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF  
MANDATORY COVID-19 VACCINATION POLICY**

I, \_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_ (date), I received a copy of Adam's European Contracting Inc. (Adam's) Mandatory COVID-19 Vaccination Policy and that I read it, understood it, and agree to comply with it. I understand that the information in this policy is intended to help Adam's employees to work together effectively on assigned job responsibilities. I also understand that at the time of vaccination I will be provided with information from the vaccine administrator about the benefits and risks of the COVID-19 vaccine, and that signing this policy acknowledgment does not constitute consent to receiving the vaccine. I understand that Adam's has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time with or without notice. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the President of Adam's.

I also understand that any delay or failure by Adam's to enforce any work policy or rule will not constitute a waiver of Adam's right to do so in the future. I understand that neither this policy nor any other communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized Adam's representative, I am employed at will and this policy does not modify my at-will employment status. If I have a written employment agreement signed by an authorized Adam's representative and this policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Title/Position

\_\_\_\_\_  
Date Signed

**TO BE RETAINED ON FILE**