

## EXPEDITED PROCESSING OF CDC FORM 989s FOR FAILING TO OBTAIN COVID-19 VACCINATION

### **CDC FORM 989 INCIDENT SUMMARY EXAMPLE:**

During (Date), (Title/Full Name) failed to comply with the mandatory COVID-19 full-vaccination requirement, pursuant to the [public health order dated August 19, 2021](#) issued by the California Department of Public Health. (LAST NAME) was previously served with a Letter of Instruction on (Date), for failing to comply with the mandatory COVID-19 full-vaccination requirement.

### **DO INCLUDE IN THE CDC FORM 989:**

1. Management memorandum outlining subject's failure to complete the COVID-19 full-vaccination requirement by the compliance date.
2. Memorandum regarding requirement to receive the mandatory COVID-19 full-vaccination.
3. Subject's CDCR/CCHCS COVID-19 Vaccination Requirement Form
4. Most recent corrective actions (e.g. Letter of Instruction) relating to the allegation.

### **DO NOT INCLUDE WITH THE CDC FORM 989:**

1. Unrelated allegations.
2. Unrelated information/documents.
3. Multiple subjects as they should have separate cases.