

**COVID-19 Non-Mandatory Vaccine
Policy & Procedure**

Policy

It is the policy that all persons with a student, volunteer or employment arrangement with this Center will take necessary precautions and adhere to guidelines established through this policy. The full intent of this policy is to remain in effect for the duration of the COVID-19 public health emergency (PHE) as declared by federal, state, and local health departments, as well as the guidelines set forth by the same health departments.

Background

- The COVID-19 vaccine may prevent and/or lessen the symptoms of the coronavirus.
- The coronavirus is a contagious disease that has spread around the United States and world resulting in a world wide pandemic.
- Millions of people have contracted this disease resulting in lengthy hospitalizations and in many cases, loss of life.
- The Federal Drug Administration (FDA) has issued an Emergency Use Authorization approval of one or more COVID-19 vaccine(s) to combat this virus.
- Coronavirus is more dangerous for some people with pre-existing conditions and the elderly.
- The first doses of COVID-19 vaccine are being made available to healthcare workers, certain acute care patients, and residents of nursing homes and other long-term care facilities.

Procedure

- It is not mandated that employees or residents of the Center receive a COVID-19 vaccine.
- All employees will be required to wear personal protection equipment (PPE) as a source control measure when in the Center for the duration of the COVID-19 PHE as defined by federal, state, and local health departments.
- An educational program will be available to all employees which includes information about the vaccine, non-vaccine control and prevention measures, disease, transmission and impact of COVID-19, the risk to residents, and resident exposure by direct care staff.

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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Staff COVID-19 Vaccination - Pfizer

Voluntary Administration Acknowledgement

- I understand and acknowledge that my taking of the Pfizer COVID-19 vaccination is voluntary and not mandated by the Center.
- I understand that I should be at least 16 years old, not pregnant, and not expecting to be pregnant in the next 12 months.
- I understand and acknowledge that the COVID-19 vaccination is being provided and administered by _____.
- I understand and acknowledge that if I have any questions concerning the side effects associated with the COVID-19 vaccine that I may consult with my personal physician and / or _____ who provided and administered the vaccine to me.
- I understand and acknowledge that my continued employment at the Center does not depend on whether or not I chose to take the vaccine.
- I understand and acknowledge that receiving this vaccination administered by _____ is being done of my own free will.

Signature: _____ Date: _____

Printed Name: _____

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Staff COVID-19 Vaccination - Moderna

Voluntary Administration Acknowledgement

- I understand and acknowledge that my taking of the Moderna COVID-19 vaccination is voluntary and not mandated by the Center.
- I understand that I should be at least 18 years old, not pregnant, and not expecting to be pregnant in the next 12 months.
- I understand and acknowledge that the COVID-19 vaccination is being provided and administered by _____.
- I understand and acknowledge that if I have any questions concerning the side effects associated with the COVID-19 vaccine that I may consult with my personal physician and / or _____ who provided and administered the vaccine to me.
- I understand and acknowledge that my continued employment at the Center does not depend on whether or not I chose to take the vaccine.
- I understand and acknowledge that receiving this vaccination administered by _____ is being done of my own free will.

Signature: _____ Date: _____

Printed Name: _____

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Resident COVID-19 Vaccination

Voluntary Administration Acknowledgement

- I understand and acknowledge that my taking of the COVID-19 vaccination is voluntary and not mandated by the Center.
- I understand and acknowledge that the COVID-19 vaccination is being provided and administered by _____.
- I understand and acknowledge that if I have any questions concerning the side effects associated with the COVID-19 vaccine that I may consult with my personal physician and / or _____ who provided and administered the vaccine to me.
- I understand and acknowledge that my continued residence at the Center does not depend on whether or not I chose to take the vaccine.
- I understand and acknowledge that receiving this vaccination administered by _____ is being done of my own free will.

Signature: _____ Date: _____

Printed Name: _____

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COVID-19 Post-Discharge Acknowledgement

I am at _____ for short-term rehabilitation services. I have consented to receive the first dose of a two-dose vaccine series for the prevention of the COVID-19 virus. I was provided with information regarding the risks associated with the vaccine, signed a consent form, and received the vaccine on _____. I received a vaccine documentation card with information regarding the date and specific vaccine received.

I understand it is my responsibility to contact my local CVS or Walgreens location to schedule my second dose of vaccine within 3-4 weeks of the first dose.

I understand that if I have any questions on how to schedule my second dose of the COVID-19 vaccine, or where I can receive my second dose of the COVID-19 vaccine I can call

_____.

Resident Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____

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COVID-19 Exemption Request

Instructions:

- Employee must complete and sign the Requestor Information section.
- For Medical Exemption Request, employee’s physician must complete and sign the Patient Medical Contraindication section.
- For Religious Exemption Requests, employee’s bona fide religious beliefs and opposition to the immunization requirements. A supporting statement from the employee’s religious leader will assist in evaluating the exemption request.

Requestor Information Section

Name	Position	Department	Request Date

Requestor Acknowledgement Information:

- I understand that Facility requires all healthcare workers (employees, medical staff, volunteers, students, and contract workers) be vaccinated against COVID-19, unless granted an exemption.
- COVID-19 vaccination is recommended for me and all other healthcare workers to protect our residents from COVID-19 disease, its complications and risk of death.
- I am likely to be exposed to the coronavirus through the community and could bring the illness into the health care setting.
- If I contract COVID-19, I will shed the virus for days before COVID-19 symptoms appear. The virus shedding can spread the COVID-19 disease to residents in this facility and to my colleagues and family.
- If I become infected with COVID-19, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that COVID-19 vaccines are available in injection form.
- The consequences of not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact including: residents, co-workers, my family and my community.
- I understand all Facility positions and locations have the potential to expose our community to COVID-19 and therefore, all staff must be vaccinated.
- I recognize Facility requires other vaccinations as a condition of employment including Rubella, Rubeola, Varicella, Influenza, and TB.
- I understand that if this exemption is granted, I will be required to wear personal protection equipment (PPE) at all times when I am in the facility. If I do not wear the PPE, I will be subject to disciplinary action, up to and including, termination.

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Requestor Acknowledgement

With knowledge of the above, I am requesting an exemption from the COVID-19 vaccination for the following reason

(Please check one): _____ Medical Exemption _____ Religious Exemption

By my signature below, I acknowledge that:

- I have read and fully understand the information on this form.
- I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer or is likely to cause harm to residents or staff.
- I understand that any false or incomplete information on this form will result in corrective action up to and including termination of employment for falsification of records.
- I consent to release of this information as determined necessary for Facility to act on/carry out my request.

Name:	Signature:	Date:

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Patient Medical Contraindication Section (complete for Medical Exemption)

Patient Name: _____

Please certify your patient’s contraindications to the COVID-19 Vaccine

Medical condition aggravated by COVID-19 vaccine

Description of Medical Condition(s)	
Please describe how COVID-19 vaccine aggravates the medical condition(s).	

Medical Certification/Verification Process

Print Name: _____ Signature: _____

Date: _____ Telephone: _____

Address: _____

Religious Doctrine Section (complete for Religious Exemption)

Employee Name _____

Facility requires all employees to have certain immunity as a condition of employment. Employees must be vaccinated against COVID-19 to work in our organization. The above employee has requested a religious exemption from obtaining our required vaccination. In an effort to respect all religious freedom and accommodate the beliefs of our employees, we are requesting your assistance in better understanding your faith community doctrine as it relates to individual vaccinations. Please assist Facility in confirming your faith community doctrine specifically prohibiting the COVID-19 vaccination. We are seeking a description of your faith group’s written doctrine as well as supporting documentation validating your denomination’s doctrinal precepts.

Name of Established Faith Group or Denomination:	
Briefly describe faith group doctrine that prohibits vaccinations	

Please attach supporting documentation from your religious tradition’s creed or doctrinal statement explicitly prohibiting vaccinations.

Religious Leader Information (optional to assist in evaluation of request):

Religious Leader Name: _____ Title: _____

Religious Leader Signature: _____ Date: _____

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Staff COVID-19 Vaccination Declination

- I understand and acknowledge that my taking of the COVID-19 vaccination is voluntary and not mandated by the Center.
- I understand that I should be at least 16 years old, not pregnant, and not expecting to be pregnant in the next 12 months
- I understand and acknowledge that the COVID-19 vaccination is being provided and administered by _____.
- I understand and acknowledge that if I have any questions concerning the risks and benefits associated with the COVID-19 vaccine that I may consult with my personal physician and / or _____ who is and administering the vaccine.
- I understand and acknowledge that my continued employment at the Center does not depend on whether or not I chose to take the vaccine.
- I have had all of my questions about the COVID-19 vaccine answered to my satisfaction.

I hereby decline to receive the COVID-19 vaccine.

Signature: _____

Printed Name: _____

Date: _____

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Resident COVID-19 Vaccination Declination

- I understand and acknowledge that my taking of the COVID-19 vaccination is voluntary and not mandated by the Center.
- I understand and acknowledge that the COVID-19 vaccination is being provided and administered by _____.
- I understand and acknowledge that if I have any questions concerning the risks and benefits associated with the COVID-19 vaccine that I may consult with my personal physician and / or _____ who is administering the vaccine.
- I understand and acknowledge that my continued residence at the Center does not depend on whether or not I chose to take the vaccine.
- I have had all of my questions about the COVID-19 vaccine answered to my satisfaction.

I hereby decline to receive the COVID-19 vaccine.

Signature: _____

Printed Name: _____

Date: _____

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