

# COVID-19 Vaccination Policy

## INTRODUCTION

The Centers for Disease Control and Prevention (CDC) recommends vaccination of all workers in health care settings. Vaccination programs are effective in protecting employees and patients and preventing the spread of communicable diseases. The purpose of this policy is to describe **EMPLOYER's** policy on vaccinations, especially COVID-19 vaccinations, to protect our employees and patients. This policy is intended to comply with federal, state and local laws. It is based upon guidance provided by the CDC and public health and licensing authorities, as applicable.

Given that our practice is located in California, employees should understand that California is an at-will employment state. The implication of this is that the practice, as an employer, has significant latitude to choose whether to mandate a COVID-19 vaccine or merely encourage vaccination. The practice reserves the right to amend this policy in its sole discretion, as circumstances may warrant or change.

On August 5, 2021, the California Department of Public Health ordered that all healthcare workers, including those working at doctor offices, must have one dose of the one-dose vaccine (Johnson and Johnson) or two-doses of a two-dose vaccine (Pfizer-BioNTech or Moderna) by September 30, 2021.

## POLICY

Until now, the practice has strongly encouraged employees to receive a COVID-19 vaccine. However, in compliance with the Health Care Worker Vaccine Requirement, if applicable based on practice setting, **EMPLOYER** now requires all employees to receive a COVID-19 vaccine at the earliest possible time. Employees must have one dose of the one-dose vaccine (Johnson and Johnson) or two-doses of a two-dose vaccine (Pfizer-BioNTech or Moderna) by September 30, 2021. To demonstrate that they have been vaccinated, employees must present written evidence of immunization from any healthcare provider authorized to administer a coronavirus vaccine.

All employees will be granted up to two hours of PTO in order to receive their vaccination(s).

If an employee receives a COVID-19 vaccination and experiences side effects from the vaccination, the practice may authorize limited paid sick time or leave to recover from the effects of vaccination.

Employees who are not currently fully vaccinated must receive weekly testing. Employees should notify their supervisor when they are being tested and submit the results to their supervisors as soon as they are available.

## FACE COVERINGS

All staff must wear face-coverings while in the workplace until \_\_\_\_\_, 2021. The mask policy will be reevaluated at that time and may be modified.

## REQUESTS FOR EXEMPTIONS

To assist any employee who declines a vaccination and has a qualifying medical condition, or who objects to vaccination on the basis of sincerely held religious beliefs and practices, the practice will engage in an interactive process to determine if a reasonable accommodation can be provided, so long as it does not create an undue hardship for the practice and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee.

To request an accommodation for one of the above reasons, please notify the Office Manager in writing at **EMAIL ADDRESS**. Once the practice is aware of the need for an accommodation, the practice will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with this policy, please notify the practice immediately by speaking to the President. You may request an accommodation without fear of retaliation.

Management may also, in its sole discretion, determine if another reasonable accommodation is appropriate or feasible in the circumstance an employee declines a COVID-19 vaccine.

Employees have until \_\_\_\_\_, 2021 to complete the requirements to obtain an exemption or terminate employment.

## Exemption Form for COVID-19 Vaccination

Name of Staff Member: \_\_\_\_\_

Please carefully review and acknowledge your understanding by initialing each of the following.

I understand that the State of California provides COVID-19 vaccinations free of charge in order to protect individuals from exposure to COVID-19.

- I understand the risk that COVID-19 poses to me and to my employer's patients.
- I understand that I can receive the COVID-19 vaccination at no charge in order to protect me.
- I understand that if I refuse the COVID-19 vaccine, I may be excluded from work and/or assigned to alternative job duties. I further understand that I will be required to take vacation or personal leave or leave without pay for the duration of time that I am excluded from work.
- I understand that if I become ill with COVID-19, I will be excluded from work and will be required to take vacation, medical, or personal leave or leave without pay for the absence.

I hereby attest that (please check all that apply):

- My licensed physician has advised me against the COVID-19 vaccine due to specific medical condition(s). Attached is my physician's note (on the physician's letterhead) describing my medical condition(s).
- My sincerely held religious belief is opposed to being vaccinated against COVID-19. Attached is a signed statement, on church letterhead, from my faith's chaplain or official that explains the specific faith-based teachings that oppose immunizations.

Name of my religious affiliation or belief: \_\_\_\_\_

I am hereby requesting a waiver from receiving the COVID-19 vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_