**
IHCA Mandatory Vaccination Policy & Exemptions Toolkit – 11/12/21**

Enclosed in this toolkit are sample employee policy templates and sample medical and religious exemption forms to assist member providers with mandatory vaccine rules. These forms can also be modified for use across other immunization requirements like influenza.

***How to Use These Materials:*** Please note that items (in blue) are meant to be customized to meet the needs of your specific organization. Additionally, these suggested documents are not specific to a particular vaccination, but can be customized to focus on one or more vaccinations, based upon the need. If organizations wish to change other details, they should do so with guidance from legal counsel.

**Sample Policy Templates**

Facilities/programs/agencies may be required to have a policy that states the organization’s vaccination requirement(s) or requirement to report the presence of a communicable disease. There are three suggested documents that can be used to accomplish this.

* **Required Employee Immunization (COVID) Policy Template (page 2)**

The verbiage found in this section can be contained in an employee handbook or integrated into any related existing policy.

* **Mandatory Vaccination Policy Template (pages 3-5)**

This is a template document that can be customized to meet your organization’s needs.

* **Contagious Disease Statement Template (page 6)**

The verbiage found in this section can be contained in an employee handbook or integrated into any related existing policy.

**Sample Exemption Forms**

Facilities/programs/agencies may be required to have a policy that addresses the process for employees to request a medical or religious exemption to vaccination. There are two separate documents designed for members to use:

* **Medical Exemption Request Form (pages 7-9)**
* **Religious Exemption Request Form (pages 10-11)**
* [Request For A Religious Exception To The Covid-19 Vaccination Requirement - Template (saferfederalworkforce.gov)](https://www.saferfederalworkforce.gov/downloads/RELIGIOUS%20REQUEST%20FORM_FINAL%20REVIEW_20211003%2010.29%2011am.pdf)

**Required Employee Immunization (COVID) Policy Template**

***How to Use This Template:*** This verbiage can be placed into an employee handbook or integrated into an existing policy.

Employers using this template will need to customize areas marked with blue text and modify (change, add, or remove sections of) this document to accurately represent their policies.

\*\* Once the template has been customized, delete the above text.

To provide a safe work environment and mitigate the risk of COVID-19 current employees must complete the vaccine process no later than [Date]. Applicants must have completed vaccination prior to any start date. Booster shots and other vaccines are included in this policy as medically recommended or legally required.

Employees are required to promptly provide proof of vaccine, this may be digital, or have an approved exemption. Proof of vaccine status will be kept in an employee health file.

If you have a health reason why a vaccine is not advisable, or a religiously based concern please see Human Resources for an exemption form. Exemption forms will need to be completed no later than [Date]and may require medical or other documentation. Any requests for exemptions will be reviewed by [Name]. If an employee receives an exemption, the employee will be required to wear a mask at all times and may be required to double mask or take other recommended precautions. In some instances, accommodations may not be granted. Employees who do not comply with this policy and do not have an approved exemption will be subject to discipline and/or considered a voluntary quit from employment.

Any misrepresentation in the process will be considered gross misconduct resulting in termination of employment.

**Mandatory Vaccination Policy Template**

***How to Use This Template:*** Employers may use this template to develop a mandatory COVID-19 vaccination policy for their workplaces.

Employers using this template will need to customize areas marked with blue text and modify (change, add, or remove sections of) this document to accurately represent their policies. Text that is italicized is sample language employers may use when developing their policies; however, that text is not comprehensive and not all of that text will be applicable to all workplaces. Employers will need to add to or revise the italicized text to ensure the final policy matches the specific procedures that will be implemented in their workplaces.

Lastly, employers using this template should consider incorporating their policies and procedures for non-employees (e.g., visitors, customers) and for employees of other employers (e.g., contractor employees).

\*\* Once the template has been customized, delete the above text.

## [Employer name]’s Mandatory Vaccination Policy

**Purpose:**

*Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole.* [Employer Name] *has adopted this policy on mandatory vaccination to safeguard the health of our employees from the hazard of COVID-19.* [Consider inserting additional statements about the impact of mandatory vaccination of employees on the safety of workers’ families, customers and visitors, business partners, and the community.] *The intent of this policy is to comply with regulations set forth by the Centers for Medicare and Medicaid (CMS).*

**Scope:**

*This Mandatory COVID-19 Vaccination Policy applies to all employees of* [Employer Name], *except for employees who exclusively work remotely and have no direct contact with other staff or resident/patients/tenants.* [Identify specific groups of employees or job categories, if any, that are not covered by this policy because they fall under these exceptions.]

*Due the [Employer’s Name]’s participation in Medicare and Medicaid programs, all employees covered by this policy are required to have received two doses of a two-dose primary series or a dose of a single-dose primary series as a term and condition of employment by January 4, 2022. Newly hired employees must be fully vaccinated at the time of employment if their date of hire does not allow adequate time for vaccination to occur before January 4, 2022. Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine, with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. All employees are required to report their vaccination status and to provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status.* Employees who do not comply with this policy and do not have an approved exemption will be subject to discipline and/or considered a voluntary quit from employment.

[Insert additional information on potential discipline for workers who do not follow the policy (e.g., unpaid leave, termination)]

*Employees may request an exception from this mandatory vaccination policy if the vaccine is medically contraindicated for them or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated due to a conflict with a sincerely held religious belief, practice, or observance. Requests for exceptions and reasonable accommodations must be initiated by* [insert relevant instructions]*. All such requests will be handled in accordance with applicable laws and regulations and* [insert reference(s) to the employer’s applicable policies and procedures].

**[Employers should consult other resources for information about federal laws, including the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964, that may entitle employees to reasonable accommodations. See** [***What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws***](https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws)**and** [***Vaccinations – Title VII and Religious Objections to COVID-19 Vaccine Mandates***](https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L)**.]**

**Vaccination Status and Acceptable Forms of Proof of Vaccination**

*All vaccinated employees are required to provide proof of COVID-19 vaccination, including boosters, regardless of where they received vaccination. Proof of vaccination status can be submitted via* [insert how employees can submit vaccination information, e.g., the employer’s vaccination portal or in-person at the HR office].

*Acceptable proof of vaccination status is:*

1. *The record of immunization from a healthcare provider or pharmacy;*
2. *A copy of the COVID-19 Vaccination Record Card;*
3. *A copy of medical records documenting the vaccination;*
4. *A copy of immunization records from a public health, state, or tribal immunization information system; or*
5. *A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).*

*Proof of vaccination generally should include the employee’s name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances* [Employer name] *will still accept the state immunization record as acceptable proof of vaccination.*

**Supporting COVID-19 Vaccination**

*An employee may take up to four hours of duty time per dose to travel to the vaccination site, receive a vaccination, and return to work. This would mean a maximum of eight hours of duty time for employees receiving two doses. If an employee spends less time getting the vaccine, only the necessary amount of duty time will be granted. Employees who take longer than four hours to get the vaccine must communicate with their supervisor documenting the reason for the additional time (e.g., they may need to travel long distances to get the vaccine). Any additional time requested will be granted, if reasonable, but will not be paid; in that situation, the employee can elect to use accrued leave, e.g., sick leave, to cover the additional time. If an employee is vaccinated outside of their approved duty time they will not be compensated.*

*Employees may request sick leave based on a reasonable need immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working.*

*The following procedures apply for requesting and granting duty time to obtain the COVID-19 vaccine or sick leave to recover from side effects:*

[Describe how an employee should obtain necessary approvals, how to submit requests, how leave is being granted, etc.]

**Confidentiality and Privacy:**

*All medical information collected from individuals, including vaccination information, will be treated in accordance with applicable laws and policies on confidentiality and privacy.*

**Questions:**

*Please direct any questions regarding this policy to* [e.g., Human Resources Department].

**Contagious Diseases Statement Template**

***How to Use This Template:*** This verbiage can be placed into an employee handbook or integrated into an existing policy.

Employers using this template will need to customize areas marked with blue text and modify (change, add, or remove sections of) this document to accurately represent their policies.

\*\* Once the template has been customized, delete the above text.

[Name of organization] requires that any employee who believes he/she has [the flu or is potentially contagious after exposure to the flu virus or any other contagious diseases] such as but not limited to coronavirus, mumps, measles and chicken pox, take time off and remain away from work during any contagious or recovery period. Any employee reporting to work with flu or other disease symptoms or who develops such symptoms at work will be sent home. Available paid time off will be used.

If an employee receives a positive test result for a communicable disease, such as COVID-19, the employee must provide immediate notification to [their supervisor, human resources, infection preventionist, COVID officer, etc.]. The employee may not come onto any worksite until cleared by [their supervisor, human resources, infection preventionist, COVID officer, etc.]. If while on leave due to any illness or quarantine period the employee has a negative test or is cleared by a medical provider to return to work he/she must promptly notify [Insert Name].

Employees should also practice good work hygiene to avoid potential viral spread. This would include frequent hand washing, limiting your use of telephones or other items that come in close facial contact and which are primarily used by others, keeping your desk or work area clean, and wiping down surface areas such as door handles and light switches as appropriate.

Employees agree to participate in any contact tracing openly and honestly, as necessary. Employee data may be provided to others for safety purposes. This may apply to other issues not normally considered to be a disease, such as infestation by lice, mites, or bedbugs.

**Vaccination Medical Exemption Request**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Vaccines Required: [COVID-19]**

* I request a medical exemption to the vaccine required by [CMS, OSHA, etc.]

I understand that my failure to submit acceptable documentation describing my request for exemption may result in my request for an exemption being denied. This may include medical documentation.

I understand that by signing this form I am attesting my statements are true.

I understand that my request for an exemption will be reviewed by [*Human Resources, Legal Counsel, and Medical Experts, where appropriate*] who can assist in the evaluation of my request. I understand that my director and/or supervisor will be notified of my exemption and that I must wear an appropriate mask or other identified PPE while at work during the time frame identified by my employer based on a pre-determined level of [coronavirus] activity in our region. Other mitigation measures may be required.

I consent to the release of this request including any supporting documentation to all such representatives of [Name of Organization], in order for the representatives to carry out their duties and to act on my request for an exemption.

**RETURN THIS FORM TO EMPLOYER**

**Office Use Only:**

Exemption Review Date: \_\_\_\_\_\_\_\_\_\_\_

Approval Date: \_\_\_\_\_\_\_\_\_\_ Denial Date: \_\_\_\_\_\_\_\_\_ Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**To be completed by employee:**

To request an exemption from the [COVID-19] immunization based on a medical concern that prohibits you from receiving the vaccine, please state in the space below, your personal statement that describes your request and how it relates to the each of the vaccine(s) listed.

* Pfizer-BioNTech COVID-19: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Moderna COVID-19:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Janssen/J&J COVID-19:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other vaccines I have declined due to this reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additionally, a statement from a licensed practitioner recommending that that you be exempted from the facility’s COVID-19 vaccination requirements is required and must accompany this request. This practitioner must be acting within their respective scope of practice based on applicable state and local laws and cannot be the requestor of this exemption.

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

**Vaccination Medical Exemption Request**

**To be completed by licensed practitioner:**

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This statement is an indication that, according to your professional determination, that your patient (listed above) should not receive a vaccination for COVID-19.  Please indicate which of the listed vaccinations your patient should not receive and provide clinical contraindications for each vaccine.

* Pfizer-BioNTech COVID-19

Clinical contraindication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Moderna COVID-19

Clinical contraindication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Janssen/J&J COVID-19

Clinical contraindication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Practitioner’s Practice:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccination Religious Exemption Request**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vaccines Required: [COVID-19]**

* **I request a religious exemption to the [COVID-19] vaccine required by [CMS, OSHA, etc.]**

I understand that my failure to submit acceptable documentation describing my request for exemption may result in my request for an exemption being denied.

I understand that by signing this form I am attesting my statements are true.

I understand that my request for an exemption will be reviewed by [*Human Resources, Legal Counsel, and Medical Experts, where appropriate*] who can assist in the evaluation of my request. I understand that my director and/or supervisor will be notified of my exemption and that I must wear an appropriate mask or other identified PPE while at work during the time frame identified by my employer based on a pre-determined level of [coronavirus] activity in our region. Other mitigation measures may be required.

I consent to the release of this request including any supporting documentation to all such representatives of [Name of Organization], in order for the representatives to carry out their duties and to act on my request for an exemption.

**To be completed by employee:**

To request an exemption from the COVID-19 immunization based on a sincerely held religious or similar belief which prohibits an employee from receiving the vaccine, please provide information below (if applicable). Examples of items that may be included are: a description of your religious beliefs/practices, how, when, and where they are practiced/observed, and why vaccination is prohibited as well as the nature of your requested accommodation.

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Optional Additional Questions**

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please provide any additional information that you think may be helpful in reviewing your request. For example:
	1. How long you have held the religious belief underlying your objection
	2. Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines
	3. Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a
	tetanus vaccine)

Attach additional supporting information for your request if necessary.

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

**RETURN THIS FORM TO EMPLOYER**

**Office Use Only:**

Exemption Review Date: \_\_\_\_\_\_\_\_\_\_\_

Approval Date: \_\_\_\_\_\_\_\_\_\_ Denial Date: \_\_\_\_\_\_\_\_\_ Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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