



## **VACCINATION POLICY**

*Effective as of August 16, 2021*

**Purpose:** In accordance with NCH Healthcare System Inc.’s (“Employer”) duty and desire to provide and maintain a safe and healthy workplace in the midst of the COVID-19 pandemic, Employer is adopting the following Vaccination Policy (the “Policy”) with the intent to safeguard its employees and their families, its clients, patients, and visitors, as well as other members of our community at large.

This Policy is intended to comply with all applicable federal, state, and local rules and regulations, and is based on guidance from the Centers of Disease Control and Prevention (CDC), the Equal Employment Opportunity Commission (EEOC), as well as that of local health authorities, as applicable, as of its Effective Date.

**Scope:** This Policy extends to all employees, contract staff, and volunteers, present and prospective, unless otherwise provided herein.

### **Procedure(s):**

Consistent with the CDC’s guidance, as well as that of other Florida public health agencies, to prevent the infection and spread of the COVID-19 virus and as an integral measure towards the general public’s health and safety, Employer is, as of the date of this Policy (the “Effective Date”), implementing the following practices:

- A. All prospective, newly hired, and/or onboarding employees, contract staff, and volunteers must receive the COVID-19 vaccination, in full, within four (4) weeks of their date of hire as a condition of new employment, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process. As applicable, new employees are required to, at the latest, begin compliance with this Policy during the pre-employment onboarding process.
- B. All current employees, contract staff, and volunteers are encouraged to receive the COVID-19 vaccination within thirty (30) days of the Effective Date of this policy, unless otherwise exempted from this Policy by an approved accommodation pursuant to the interactive process.

Fully and properly vaccinated under this Policy includes all individuals who have received:

1. Two (2) doses in a 2-dose vaccine series, such as the Pfizer or Moderna vaccines; or
2. One (1) dose in a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

If an employee does not meet these requirements, that employee is NOT fully vaccinated in accordance with this Policy.

Employer may elect to pay for the cost associated with receiving the vaccine(s) as well as provide paid time-off as applicable; however, employees are solely responsible for scheduling and obtaining all recommended doses of the Pfizer, Moderna, or Johnson & Johnson vaccine with reasonable advance notice to, and approval of leave from, Employer.

Any **fully vaccinated** employee under this Policy who: (1) experiences side effects in the day(s) following receipt of the COVID-19 vaccine(s), or (2) subsequently contracts the COVID-19 virus, or (3) has an unvaccinated child under 12 years old who contracts the COVID-19 virus, will be provided sufficient paid-time-off ("PTO") by Employer independent of any accrued or otherwise available PTO. Any employee who fails or otherwise refuses to receive the COVID-19 vaccine consistent with the terms of this Policy and, thereafter, contracts the COVID-19 virus, will be required to exhaust his/her accrued or otherwise available PTO and will not be provided any additional PTO by Employer, unless otherwise in receipt of an accommodation under this Policy.

Employer reserves the right to require proof of vaccination documentation from its employees and will treat any such record or documentation as confidential for purposes of retaining the same.

Employees, contract staff, and volunteers who, regardless of reasoning, do not meet the status of fully vaccinated consistent with the terms of this Policy must, in consideration of all rules, regulations and Employer policies and procedures, continue to abide by masking and social distancing requirements including, but not limited to, wearing a mask over the nose and mouth at all times while on duty regardless of the workplace setting (except while eating), ensuring 6-foot distance between non-household family members, regularly cleaning and disinfecting workplace surfaces, as well as monitoring and reporting daily health symptoms (*e.g.*, fever, cough, shortness of breath, irregular temperature, etc.).

Any unvaccinated employee found to be in violation of the foregoing masking requirements will face immediate and automatic termination of employment.

Any vaccinated employee found to be in violation of the masking requirements will be subject to Employer's established progressive corrective action plan, with the first level of corrective action being a Step 2.

### **Exemption and Accommodation Requests:**

In accordance with all federal, state, and local rules and regulations, Employer recognizes that there may be certain circumstances barring an employee from receiving the COVID-19 vaccine consistent with this Policy.

Employees, contract staff or volunteers in need of an exemption from this Policy due to a medical reason, or in consideration of a sincerely held religious belief, must submit a completed Request for Accommodation form to Director, NCH Employee Medical Center to begin the interactive accommodation process. Accommodations may be granted where they are required by law and do not cause Employer undue hardship or pose a direct threat to the health and safety of others, including Employer's patients.

Please note that Employer’s receipt of an accommodation request does not automatically excuse an employee from the requirements of this Policy. Rather, consistent with federal and state law, Employer will consider accommodation requests on a case-by-case basis and will engage in further dialogue with an employee, and any physicians, medical providers, and/or church personnel as permitted under law, upon receipt of any accommodation form.

**REQUEST FOR VACCINATION ACCOMMODATION:**  
**MEDICAL EXEMPTION**

To request an exemption from NCH Healthcare System Inc.’s Mandatory Vaccination Policy, employees are required to fill out Section One below as well as have a health care provider fill out Section Two. This Medical Exemption Form (the “Form”) must be returned to Director, NCH Employee Medical Center as soon as practicable. Section Three shall be reserved for NCH Healthcare System Inc.’s use solely.

**Section One**

Name (Print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from NCH Healthcare System Inc.'s Mandatory Vaccination Policy for the following vaccination: COVID-19 Vaccination

By signing this Form, I hereby verify that the foregoing information is truthful and accurate to the best of my knowledge and that I am submitting this Form to substantiate my request for an exemption from the Mandatory Vaccination Policy. I understand and acknowledge that any falsified information in this Form, or otherwise, may lead to corrective action, up to and including termination of employment.

I further understand and acknowledge that NCH Healthcare System Inc. is not required to provide this accommodation if doing so would pose an undue hardship on the same or would otherwise pose a direct threat to myself or others in the workplace, in accordance with state and federal law.

Employee Signature:	Date:
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**Section Two**

Employee Name (Print):
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Medical Provider:

In compliance with all applicable federal, state, and local rules and regulations, NCH Healthcare System Inc. mandates that all employees receive the COVID-19 vaccination as a condition of employment. The above individual is seeking an exemption to this mandate due to one or more medical contraindication(s).

Accordingly, NCH Healthcare System Inc. hereby requests that you complete this Form to assist in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be (Select one): <ul style="list-style-type: none"> <li>• Temporary, expiring on: __/__/____, or</li> </ul>

- Permanent.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

**Section Three (Completed by NCH Medical Center Staff)**

Date of initial request: \_\_/\_\_/\_\_\_\_

Date completed form received: \_\_/\_\_/\_\_\_\_

**Accommodation request (Select one):**

**Approved:** \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

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**Denied:** \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

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**REQUEST FOR VACCINATION ACCOMMODATION:**  
**RELIGIOUS EXEMPTION**

To request an exemption from NCH Healthcare System Inc.’s Mandatory Vaccination Policy, employees are required to fill out Section One. This Religious Exemption Form (the “Form”) must be returned to Director, NCH Employee Medical Center, as soon as practicable. Section Two shall be reserved for NCH Healthcare System Inc.’s use solely.

**Section One**

Name (Print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a religious exemption from NCH Healthcare Systems Inc.'s Mandatory Vaccination Policy because of religious beliefs and practices, for the following vaccination: COVID-19 Vaccination.

By signing this Form, I hereby verify that the foregoing information is truthful and accurate to the best of my knowledge and that I am submitting this Form to substantiate my request for an exemption from the Mandatory Vaccination policy. I understand and acknowledge that any falsified information in this Form, or otherwise, may lead to corrective action, up to and including termination of employment.

I further understand and acknowledge that NCH Healthcare System Inc., is not required to provide this accommodation if doing so would pose an undue hardship on the same or would otherwise pose a direct threat to myself or others in the workplace, in accordance with state and federal law.

Employee Signature:	Date:
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**Section Two**

Employee Name (Print):
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Clergy:

In compliance with all applicable federal, state, and local rules and regulations, NCH Healthcare System Inc. mandates that all employees receive the COVID-19 vaccination as a condition of employment. The above individual is seeking an exemption to this mandate due to one or more religious reasons.

Accordingly, NCH Healthcare System Inc. hereby requests that you complete this Form to assist in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be (Select one):

- Temporary, expiring on: \_\_/\_\_/\_\_\_\_, or
- Permanent.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Clergy Name (print):	
Clergy Signature:	Date:
Practice Name & Address:	Clergy Phone:

**Section Three (Completed by NCH Medical Center Staff)**

Date of initial request: \_\_/\_\_/\_\_\_\_

Date completed form received: \_\_/\_\_/\_\_\_\_

Describe the requested accommodation:

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Evaluation of impact/ anticipated impact, if any:

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**Accommodation request (Select one):**

**Approved:** \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

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**Denied:** \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

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If denied, possible alternative accommodations to be considered:

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Date discussed with employee: \_\_/\_\_/\_\_\_\_

Final accommodation agreed upon:

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