**Vaccination Verification**Vaccination Policy Template

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

**Note**: This template includes customization.

* 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, vendors) and for employees of other employers (e.g., contractor employees).

## [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.] *[If this policy complies to state or local mandate, insert this sentence: This policy complies with the name, state, or local policy.]*

**Scope:**

*This Mandatory COVID-19 Vaccination Policy applies to all employees of* [Employer Name], *except for employees who do not report to a workplace where other individuals (such as coworkers or customers) are present; employees while working from home; and employees who work exclusively outdoors.* [Identify specific groups of employees or job categories, if any, who are not covered by this policy because they fall under these exceptions.]

*All employees covered by this policy are required to be fully vaccinated as a term and condition of employment at* [Employer Name]*. 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, and, if applicable, their testing results. Employees not in compliance with this policy will be subject to discipline.* [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 and/or wear a face covering (as otherwise required by this policy) because of a disability, or if the provisions in this policy for vaccination, and/or testing for COVID-19, and/or wearing a face covering 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, which 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).]

 **Procedures:**

**Overview and General Information**

*All* [Employer Name] *employees must be fully vaccinated no later than* [Date]*.*

*To be fully vaccinated by* [Date]*, an employee must:*

* + *Obtain the first dose of a two dose vaccine no later than* [Date]*; and the second dose no later than* [Date]*; or*
	+ *Obtain one dose of a single dose vaccine no later than* [Date]*.*

*Employees will be considered fully vaccinated two weeks after receiving the requisite number of doses of a COVID-19 vaccine. An employee will be considered partially vaccinated if they have received only one dose of a two dose vaccine.*

[Describe how employees may schedule their vaccination appointments, e.g., through an on-site clinic, through their own medical provider, or with a mass-vaccination clinic. Also, mention who will be maintaining this policy, e.g., human resources or a designated coordinator, and provide any other general information employees need that is not addressed in the sections below.]

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

[This section should provide information on how the employer will determine each employee’s vaccination status and require vaccinated employees to provide acceptable proof of vaccination.]

*All vaccinated employees are required to provide proof of COVID-19 vaccination, regardless of where they received vaccination. Proof of vaccination status can be submitted via* [insert how employees can submit vaccination information, e.g., BASIC Benefits Mobile App.]

*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.*

*If an employee is unable to produce one of these acceptable forms of proof of vaccination, despite attempts to do so (e.g., by trying to contact the vaccine administrator or state health department), the employee can provide a signed and dated statement attesting to their vaccination status (fully vaccinated or partially vaccinated); attesting that they have lost and are otherwise unable to

produce one of the other forms of acceptable proof; and including the following language:*

*“I declare (or certify, verify, or state) that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to disciplinary action.”*

*An employee who attests to their vaccination status in this way should, to the best of their recollection, include in their attestation the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine.*

[Describe documentation procedures for employees who are fully vaccinated, employees who are partially vaccinated, and employees who have not yet been vaccinated.]

*All employees must inform* [Employer name] *of their vaccination status. The following table outlines the requirements for submitting vaccination status documentation.*

| ***Vaccination Status*** | ***Instructions*** | ***Deadline*** |
| --- | --- | --- |
| *Employees who are fully vaccinated.* | [***Submit***](https://uconn.kualibuild.com/app/builder/#/app/6116a93470c971651c9d7187/run) *proof of vaccination that indicates full vaccination.* |  |
| *Employees who are partially vaccinated (i.e., one dose of a two dose vaccine series).* | [***Submit***](https://uconn.kualibuild.com/app/builder/#/app/6116a93470c971651c9d7187/run)*proof of vaccination that indicates when the first dose of vaccination was received, followed by proof of the second dose when it is obtained.* |  |
| *Employees who have not yet been vaccinated.* | *Submit statement that you are unvaccinated.*  |  |

[Employers can set their own internal deadlines to allow for processing.

**Supporting COVID-19 Vaccination**

[This section should provide information on how the employer will provide support for employee vaccination, including by providing up to four hours paid time at the regular rate of pay for each of their vaccination dose(s) and reasonable time and paid sick leave for recovery from side effects experienced following any vaccination dose.]

*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 send [their supervisor] an email 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 utilize up to two workdays of sick leave immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working. Employees who have no sick leave will be granted up to two days of additional sick leave immediately following each dose if necessary.*

*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.]

**Employee Notification of COVID-19 and Removal from the Workplace**

[This section should provide information on how the employer will handle (1) requiring employees to promptly notify the employer when they receive a positive COVID-19 test or are diagnosed with COVID-19; (2) requiring employees be immediately remove such employees from the workplace; and (3) keeping those employees removed until they meet return to work criteria.]

[Employer Name] *will require employees to promptly notify [their supervisor] when they have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider.* [Describe how employees will communicate with the employer if they are sick or experiencing symptoms while at home or at work.]

[Describe any leave policies (e.g., sick leave, Family Medical Leave Act, other policies) that the employer will implement for employees who test positive for or are diagnosed with COVID-19.]

**Medical Removal from the Workplace**

[Employer name] *has also implemented a policy for keeping COVID-19 positive employees from the workplace in certain circumstances.* [Employer name] *will immediately remove an employee from the workplace if they have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider (i.e., immediately send them home or to seek medical care, as appropriate).*

[Describe the employer’s policies for removing employees from the workplace and any relevant procedures for working remotely or in isolation.]

**Return to Work Criteria**

*For any employee removed because they are COVID-19 positive,* [Employer name] *will keep them removed from the workplace until the employee receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test if the employee chooses to seek a NAAT test for confirmatory testing; meets the return to work criteria in CDC’s “Isolation Guidance”; or receives a recommendation to return to work from a licensed healthcare provider.*

*Under CDC’s “*[*Isolation Guidance*](https://www.osha.gov/sites/default/files/CDC%27s_Isolation_Guidance.pdf)*,” asymptomatic employees may return to work once 10 days have passed since the positive test, and symptomatic employees may return to work after all the following are true:*

* *At least 10 days have passed since symptoms first appeared, and*
* *At least 24 hours have passed with no fever without fever-reducing medication, and*
* *Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).*

*If an employee has severe COVID-19 or an immune disease,* [Employer name] *will follow the guidance of a licensed healthcare provider regarding return to work. [*Describe the employer’s policies for employees returning to work following removal from the workplace.]

**COVID-19 Testing**

[This section should provide information on how the employer will address COVID-19 testing for employees in the workplace who are not fully vaccinated.]

*If an employee covered by this policy is not fully vaccinated (e.g., if they are granted an exception from the mandatory vaccination requirement because the vaccine is contraindicated for them), the employee will be required to comply with this policy for testing*.

*Employees who report to the workplace at least once every seven days:*

*(A) must be tested for COVID-19 at least once every seven days; and*

*(B) must provide documentation of the most recent COVID-19 test result to [the supervisor] no later than the seventh day following the date on which the employee last provided a test result.*

*Any employee who does not report to the workplace during a period of seven or more days (e.g., if they were teleworking for two weeks prior to reporting to the workplace):*

*(A) must be tested for COVID-19 within seven days prior to returning to the workplace; and*

*(B) must provide documentation of that test result to [the supervisor] upon return to the workplace.*

*If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.*

*Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.* [Describe how employees can fulfill the weekly testing requirement, including where they can get tested, the required schedule for testing, and who will cover the costs.]

**Face Coverings**

[This section should provide information on how the employer will require each employee who is not fully vaccinated wears a face covering when indoors and when occupying a vehicle with another person for work purposes.]

*If an employee covered by this policy is not fully vaccinated (e.g., if they are granted an exception from the mandatory vaccination requirement because the vaccine is contraindicated for them),* [Employer name] *will require the employee to wear a face covering.*

*Face coverings must: (i) completely cover the nose and mouth; (ii) be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source); (iii) be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers; (iv) fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and (v) be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language respectively.*

*Employees who are not fully vaccinated must wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for face coverings will be implemented, as part of a multi-layered infection control approach for unvaccinated workers.*

[Describe how employees will obtain face coverings (e.g., purchased by employer or self-provided) and instructions about when and how they should be worn or used.]

*The following are exceptions to* [Employer name]*’s requirements for face coverings:*

1. *When an employee is alone in a room with floor to ceiling walls and a closed door.*
2. *For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.*
3. *When an employee is wearing a respirator or facemask.*
4. *Where* [Employer name] *has determined that the use of face coverings is infeasible or creates a greater hazard (e.g., when it is important to see the employee’s mouth for reasons related to their job duties, when the work requires the use of the employee’s uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).*

 **New Hires:**

*All new employees are required to comply with the vaccination requirements outlined in this policy as soon as practicable and as a condition of employment. Potential candidates for employment will be notified of the requirements of this policy prior to the start of employment.*

[Describe how new employees must comply with this policy, including any deadlines for receiving vaccination.]

**Confidentiality and Privacy:**

*All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.*

**Questions:**

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

**This model plan is intended to provide information about COVID-19 Vaccination Verification.**