

## COVID-19 VACCINATION POLICY 11/15/2021

### **Purpose**

Consistent with its duty to provide and maintain a workplace that is free of recognized hazards, Choices in Community Living has adopted this policy to safeguard the health and well-being of employees and their families; visitors; and others who spend time in our facilities. This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Centers for Disease Control and Prevention (CDC) and public health and licensing authorities, as applicable.

### **Scope/Applicability**

This Policy applies to all Choices in Community Living employees, contractors, and any other individuals employed or contracted to provide service in any capacity, collectively the "Staff".

### **Policy**

Choices in Community Living strongly encourages all employees to receive the Covid-19 vaccine. Those who do not wish to receive the vaccine must provide an approved exemption form in lieu of being vaccinated.

To establish that they have received a vaccination, employees may present written evidence of vaccination from the designated site or from another authorized healthcare provider.

Employees may choose weekly testing in lieu of receiving a covid vaccination. Testing will be available at all CICL offices if we have access to them and have them available. If/when Choices has no tests or is no longer allowed to conduct them, staff can be tested at any available testing site. Proof of testing must be turned into a CICL office by Monday at 5pm from the week prior.

OSHA requires employees to promptly provide notice to their employer when they receive a positive COVID-19 test or are diagnosed with COVID-19. In these cases, call 937-898-2220 and speak with HR or an Officer.

### **Vaccine Administration**

Employees are responsible for scheduling and obtaining all recommended doses of an FDA-approved COVID-19 vaccine or a COVID-19 vaccine granted Emergency Use Authorization by the FDA.

### **Religious Accommodation**

Choices in Community Living provides reasonable accommodations to employees with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated. If you believe you need an accommodation regarding this policy because of your sincerely held religious belief, you are responsible for requesting a reasonable accommodation. The form for exemption is available for download on [www.choicesyou.com](http://www.choicesyou.com) and from any Choices office.

**Exemption for Other Medical Reasons**

Exemptions for other medical reasons may be available on a case-by-case basis/for conditions such as pregnancy, breastfeeding, history of certain allergic reactions, and any other medical condition that is a contraindication to the COVID-19 vaccine even if they do not qualify as a disability under federal, state, or local law. The form for exemption is available for download on [www.choicesyou.com](http://www.choicesyou.com) and from any Choices office.

**Non-Compliance**

Staff failing to follow this policy may be subject to disciplinary action up to and including termination of employment.

**Confidentiality**

Information relating to an individual's proof of vaccination and/or the reason(s) for not receiving a COVID-19 vaccination will remain in their confidential Human Resources file for the purposes of ensuring the safety of the Company's employees, contractors, and local communities, in the event of a COVID-19 outbreak.

**Contact for Interpretation**

Please contact Human Resources or an Officer with any questions.

**Policy Modification**

Government and public health guidelines and restrictions and business and industry best practices regarding COVID-19 and COVID-19 vaccines are changing rapidly as new information becomes available, CICL will modify our policy and procedures as appropriate.

Choices in Community Living reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.

### **COVID-19 Vaccination Medical Exemption Form**

Employee's Name (Please Print or Type):	
Employee City Number or Social Security Number	Employee's Date of Birth

Provider (MD/DO, CNP, PA): please review and sign if the following applies to the above employee:

By signing below, I am attesting that I am currently licensed to practice medicine in the state of Ohio and the above-named individual is under my care for diagnosis and/or treatment. I have reviewed the COVID-19 vaccine recommendations from the Centers for Disease Control (CDC) and request a medical exemption based on a true medical contraindication as outlined by the CDC.

I am requesting a temporary/permanent (please circle one) medical exemption for the above-named individual for the following reason(s):

I understand that I may be asked to provide additional medical documentation in support of this medical exemption.

Provider Signature	Date
Provider's Printed Name:	Provider's License No.
Name of Provider's Practice	
Practice Street Address	
City	State
Provider's Telephone Number	

**ORIGINAL SIGNATURES ARE REQUIRED. STAMPED OR COPIED SIGNATURES WILL NOT BE ACCEPTED.**

I, the above-named individual, verify that the information I am submitting in support of my request for a medical exemption is complete and accurate to the best of my knowledge. I understand that any misrepresentation contained in or in support of this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

Employee's Signature		Date
Employee's Printed Name		
Work Telephone Number	Work E-mail Address	

Sworn to or affirmed and subscribed in my presence by \_\_\_\_\_  
(Employee Name)

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Please direct any questions concerning this form to your Department/Division Human Resources Office.

**THIS EXEMPTION WILL EXPIRE ONE YEAR AFTER THE DATE SIGNED BY THE PROVIDER ABOVE.**

**COVID-19 Vaccination Religious Exemption Form**

Employee's Name (Please Print or Type):	
Employee City Number or Social Security Number	Employee's Date of Birth

I request exemption from the COVID-19 vaccination due to my religious beliefs.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption from the COVID-19 vaccine requirement.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the Department's COVID-19 vaccine requirement.

Please indicate whether your sincerely held religious belief, practice, or observance is in conflict with all vaccines and, if not, the basis for the objection to the COVID-19 vaccine.

Please provide any additional information that you think may be helpful in reviewing your religious exemption request.

I, the above-named individual, verify that the information I am submitting in support of my request for a religious exemption is complete and accurate to the best of my knowledge. I understand that any misrepresentation contained in or in support of this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

Employee's Signature		Date
Employee's Printed Name		
Work Telephone Number	Work E-mail Address	

Sworn to or affirmed and subscribed in my presence by \_\_\_\_\_  
(Employee Name)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THIS EXEMPTION WILL EXPIRE ONE YEAR AFTER THE DATE SIGNED BY EMPLOYEE ABOVE.**

Please direct any questions concerning this form to your Department/Division Human Resources Office.

## Covid 19 Vaccine Mandates and You

Choices in Community Living is required to meet the federal mandate on vaccinations. While there may be delays and court cases we should be prepared to meet the mandate. We care about you and want to provide as much help and information as possible.

You may have seen information on vaccine mandates stating "Group Homes" are not covered. That would apply to Choices if HPC services in group homes was all we offered. Because we offer many different services we are not exempted.

You may have also heard that those with certain medical conditions and/or religious objections are exempt. This is true provided documentation is obtained. Below we provide the form required for exemption consideration.

1st Dose or One-dose Vaccine

By


December 6th 2021

Received all shots for full vaccination

By

January 4th 2022

### What should you do?

- If you can meet the mandate, provide documentation of vaccination 
- If you cannot meet the mandate and wish to remain employed by Choices, complete and submit the exemption request form. [LINK TO FORM](#)

### Documentation of Vaccination

- If you **have a card** that has not been given to CICL please make a copy and bring it to any Choices office. Note: *If you received the \$400 bonus for getting a vaccine, there is no need to resend a record.*
- If you have been vaccinated but **don't have a card** call your local health department. They will verify your identity and email or mail you a copy.

Montgomery County (937) 225-5700

Clark County (937) 390-5600

Madison County (765) 641-9524

Preble County (937) 472-0087

### Need Help?

We are here for you. If you are confused, scared or just want additional information let us help.

You can talk to a Director, Nurse or Officer about this mandate and your options.

### Need a vaccine?

Most pharmacies, including Rite Aid, Walgreens, CVS, Kroger offer shots. You should call to see if you need an appointment or can simply walk in.

**Get Fully Vaccinated and get \$400 through December 31st 2021**

**OSHA requires employees to promptly provide notice to their employer when they receive a positive COVID-19 test or are diagnosed with COVID-19. In these cases, call 937-898-2220 and speak with HR or an Officer.**