

POLICY: Stillwater Mandatory COVID-19 Vaccination

POLICY NUMBER: 8.14

ISSUE (REVISION) DATE: 02/01/2022

REPLACES: (NEW)

Pursuant to the Centers for Medicare and Medicaid Services (CMS) Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule, Stillwater Center is required to enact this policy requiring mandatory covid-19 vaccination. All full-time, part-time, temporary and intermittent employees of Montgomery County working at the Stillwater facility are required to be fully vaccinated against COVID-19, including facilities and human resources employees assigned to Stillwater. Additionally, all contract workers and volunteers working within the facility are required to be fully vaccinated.

For purposes of this policy, an individual is considered “fully vaccinated” when it has been two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been FDA authorized for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization. Vaccines currently approved and in compliance with this policy are the Pfizer-BioNTech, Moderna and Janssen (J&J).

Current employees who have already provided a copy of their vaccination card are already in compliance with the federal mandate and this policy. No further action is required for these employees.

Current employees who are unvaccinated or have not yet provided a copy of their vaccination card must receive their first vaccination dose before February 14, 2022 and provide a copy of their vaccination card to the Stillwater Center HR Manager demonstrating compliance with receiving their first dose.

For these employees receiving the Pfizer-BioNTech or Moderna vaccines, the employee must receive their second vaccination dose and be fully vaccinated before March 15, 2022, and provide a copy of their vaccination card to the Stillwater Center HR Manager demonstrating compliance with receiving their second dose. Employees who receive a/any boosters must provide a copy of their updated vaccination card to the Stillwater Center Human Resource Manager demonstrating documentation of it.

New hires must provide a copy of their vaccination card to the Stillwater Center HR Manager prior to their employment start date or receive an approved exemption from the Director of Human Resources.

Copies of vaccination cards will be confidential and not subject to public records release or other disclosure, except as necessary to prove compliance with regulations. Proof of Stillwater Center’s compliance with the CMS mandate will be tracked and maintained by the Stillwater Center HR Manager and Stillwater personnel responsible for ensuring and proving compliance. Contract workers and volunteers will also be required to provide proof of vaccination status prior to being permitted to work within the Stillwater Center.

Employees requesting an exemption from this mandate due to medical conditions or because of a sincerely held religious belief must submit a completed Exemption Request form to the Stillwater Center HR Manager on or before February 14, 2022. Forms will be located online and in the HR office. The HR Manager will complete the form and forward it to the Director of Human Resources for final approval or denial. Exemptions will be granted in legally required instances. When exemptions are approved, the need for strict and potentially higher levels of COVID precautions and protections may be required as determined by Montgomery County.

Regular or routine testing is not a basis for granting an exemption. Prior evidence of having

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COVID-19 or presence of antibodies is not a basis for granting an exemption.

Employees who fail to comply with the mandated requirements as of February 14 or March 15, 2022 will not be permitted within the Stillwater facility and will be placed on unpaid administrative leave. These employees will not be permitted to use accrued leave to offset the unpaid administrative leave status. The employees may then be subject to discipline, up to and including termination, for failure to comply with the federal mandate and policy.



Request for Accommodation: Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 (below) and have your medical provider complete section 2 (page 2), before returning this form to the Stillwater Center Human Resources Manager.

Section 1: To be completed by employee

Name: (print)	Date:
Department:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from Montgomery County's Stillwater Center COVID-19 vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for the exemption from Stillwater Center's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Montgomery County is not required to provide this exemption modification if doing so would pose a direct threat to myself or others in the workplace or would create undue hardship for Montgomery County. I further understand Montgomery County is not required to make the specific accommodation I requested and may provide an alternative, effective accommodation. Montgomery County prohibits retaliation against any individual for requesting a medical modification in good faith.

Employee Signature:		Date:
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Request for Accommodation: Medical Exemption from Vaccination

Section 2: To be completed by your medical provider

Medical Certification for COVID-19 Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Stillwater Center requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist Montgomery County in the reasonable accommodation process.

It is my professional opinion that the person named above should not receive the COVID-19 due to:

This exemption should be:

- Temporary, expiring on __ / __ / ____, or when _____

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 Provider Signature:

Date:

Practice Name & Address:

Provider Name:

Please return the completed form to the Stillwater Center Human Resource Manager.



Request for Accommodation: Medical Exemption from Vaccination

Section 3: Stillwater Human Resources Accommodation Review

Date of Initial Request: ___ / ___ / ___ Date Certification Received: ___ / ___ / ___

Signature of Stillwater Center Human Resource Manager:

_____ Date: _____

Section 4: Director Human Resources Accommodation Review

Accommodation request:

- Approved ___ / ___ / ___

Describe specific modification details:

- Denied ___ / ___ / ___

Describe why modification is denied:

Signature Director of Human Resources:

_____ Date: _____



Request for Accommodation: Religious Exemption from Vaccination

Part 1: To be completed by employee

Name: (print)	Date:
Department:	Position:
Manager:	Work/Cell Phone:

Requested accommodation regarding mandated COVID-19 Vaccination:

Length of time the modification is needed: _____

Describe how your sincerely held religious belief, practice, or observation conflicts with the COVID-19 Vaccination requirement: (attach any information you wish to provide to support the need for an accommodation)

Describe any alternate accommodations that might address your needs:

I have read and understand Stillwater Center’s policy on religious modification. My religious beliefs and practices, which result in this request for a religious modification are sincerely held. I understand Montgomery County is not required to make the specific accommodation I requested and may provide an alternative, effective accommodation. I understand that Montgomery County is not required to provide any accommodation that would impose an undue hardship on it. Montgomery County prohibits retaliation against any individual for requesting a religious accommodation in good faith.

Employee Signature:	Date:
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Request for Accommodation: Religious Exemption from Vaccination

Part 2: To be completed by the Stillwater Center Human Resources Manager

Describe the requested modification:

Evaluation of impact (if any):

Part 3: To be completed by the Director of Human Resources

Accommodation Request:

- Approved __ / __ / __

Describe specific modification details:

- Denied __ / __ / __

Describe why modification is denied:

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement of modification, provide an explanation:
