

CROTON FREE LIBRARY

COVID-19 Vaccination Policy

Drafted: 11/05/2021

Approved: 11/08/2021

In an effort to provide and maintain a safe library environment, the Croton Free Library has established this policy to reduce the spread of COVID-19 by requiring vaccinations for all employees. This policy is based on guidance from the Centers for Disease Control and Prevention and state and local health authorities as applicable. The Croton Free Library is committed to providing equal employment opportunities to qualified individuals with disabilities that prevent them from receiving a COVID-19 vaccination and recognizes true and genuine observances of faith as it pertains to the practice of immunization.

Scope

All employees (full-time and part-time) are required to receive by January 1, 2022, the complete COVID-19 vaccination, as authorized or approved and as updated thereafter by the FDA, unless a reasonable accommodation for medical reasons or because of a sincerely held religious belief is approved. Employees not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the Library Director.

Proof

By January 1, 2022, all employees are required to fill-out the Self-Certification of Employee COVID-19 Vaccination Status form and provide proof of vaccination (in the form of the NYS Excelsior Pass or CDC-issued physical vaccination card) and updates as necessary. Employees claiming exemption due to a medical reason or because of a sincerely held religious belief must submit a completed Religious/Medical Request for Accommodation form by January 1, 2022 to avoid being placed on unpaid leave. If the request for exemption is denied, the employee will have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single dose vaccine or first dose of the two-dose vaccine) or will be placed on unpaid leave until their employment status is determined by the Library Director. Employees who do not comply with this Policy by January 1, by completing the Self-Certification **and** either providing proof of vaccination or submitting a completed Religious or Medical Request for Accommodation will be placed on unpaid leave. Please note that all information submitted by employees pursuant to this Policy will be maintained in confidential files and kept separate from personnel files.

Reasonable Accommodation

Employees requesting an exemption from this policy due to a medical reason, or because of a sincerely held religious belief must submit a completed Religious/Medical Request for Accommodation form to the Library Director to begin the accommodation process as soon as possible after vaccination deadlines have been announced, but no later than January 1, 2022. Religious/Medical accommodations could be granted

if they do not cause the Croton Free Library undue hardship or pose a direct threat to the health and safety of others. All decisions are final and not subject to appeal.

After January 1, 2022, all employees with granted accommodations or whose requests for accommodation are still pending will be required to comply with COVID-19 testing and other preventive requirements, as determined by the Library and in accordance with federal, state and local health guidance.

My signature below indicates that I have read and understand the above-mentioned statements and I understand that it is my responsibility to read and comply with this policy. I further understand that I should consult the Library Director regarding any questions raised by this policy.

Employee name (printed): _____

Employee signature: _____

Date: _____

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Self-Certification of Employee COVID-19 Vaccination Status

In an effort to provide and maintain a safe library environment, the Croton Free Library is registering the number of employees who have received the COVID-19 vaccine. When completing this form, do not provide any medical information or any other information related to why you may or may not have received a COVID-19 vaccine. If you are claiming a reasonable accommodation, you must also fill out the Request for Accommodation form. If you decline to specify your vaccination status, you are presumed to be unvaccinated for purposes of safety rules and requirements in the workplace. For purposes of this certification, you are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

Please select the statement below that accurately describes your vaccination status:
<input type="checkbox"/> I am fully vaccinated.
<input type="checkbox"/> I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson/Janssen vaccine less than two weeks ago.
<input type="checkbox"/> I received my first dose of the Pfizer or Moderna vaccine and my second appointment is scheduled.
<input type="checkbox"/> I have not yet been vaccinated, but I have scheduled an appointment to receive my first dose of vaccine.
<input type="checkbox"/> I have not been vaccinated.
<input type="checkbox"/> I decline to answer whether I have been vaccinated.
<input type="checkbox"/> I request an accommodation for exemption. (Religious/Medical Request for Accommodation form attached)

I understand that I am required to provide accurate information in response to the request for information above. I hereby affirm that I have accurately and truthfully responded to the request for information above. I also understand that I am required to provide to my employer documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

Employee Name: _____

Employee Signature: _____

Date: _____

FOR EMPLOYER USE

I have been shown acceptable proof and verified the employees above stated vaccination status.

Signature of Representative: _____

Date: _____

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Religious/Medical Request for Accommodation regarding COVID-19 Vaccination

(FOR USE ONLY IF REQUESTING ACCOMMODATION FOR EXEMPTION)

All requests are pending until you receive notice of an approval or denial.

Instructions

In order to claim a religious or medical reason that prevents you from receiving the COVID-19 vaccination, you must submit this completed form no later than January 1, 2022 to avoid going on unpaid leave.

For religious exemptions, please complete Section I.

For medical exemptions or deferrals, please complete Sections II and III as follows: Complete Section II, and take the form to your healthcare provider (MD, DO, NP, or PA). Your healthcare provider must complete Section III-and provide you with supporting documentation at the time of your visit.

Section I or II of this form **must** be completed, signed, and submitted no later than **January 1, 2022** in order to be considered for an exemption. Section III **must** be completed, signed and submitted not later than thirty (30) days from the date of submission of Section II. Incomplete forms will not be considered.

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SECTION I – Page 1

Religious Request for Accommodation regarding COVID-19 Vaccination

Name: _____
First Name Last Name

Job Title: _____ Department: _____

Email: _____ Phone: _____

1. In the space below, please provide a personal statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach any additional documentation that you think may be helpful in reviewing your request. We may need to discuss the nature of your religious belief(s), practice(s) and/or request for exemption with witnesses or religious leader(s) (if applicable). If we need to do so, we will contact you. We may also request additional supporting documentation if needed.

2. How long have you held the religious belief underlying your objection to the COVID-19 vaccination and/or engaged in religious practice or observance preventing you from receiving the COVID-19 vaccination:

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SECTION I – Page 2

Religious Request for Accommodation regarding COVID-19 Vaccination

3. Have you received any type of immunization since turning 18 years of age? **Yes** or **No**
(check one)

If yes, please specify the type of vaccine(s) and when it/they was/were administered.

4. If yes to the previous question, please provide an explanation detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance permits you to take the vaccines specified in the previous question but prevents you from receiving the COVID-19 vaccine:

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You understand that if granted an exemption, your name and vaccination status will be shared to the extent necessary to ensure compliance with health and safety requirements for unvaccinated individuals. You agree to comply with these restrictions and accept the responsibility for compliance with all health and safety requirements.

Also by signing this form, you understand and assume the risks of non-vaccination. You understand that COVID-19 vaccination is recommended to protect yourself and your co-workers from COVID-19 and its complications, including serious illness and death.

If your request for an exemption is not approved, and you do not otherwise receive a deferral of this requirement, you will be required to receive the COVID-19 vaccine as a condition of your continued employment. Individuals who have been denied an exemption shall have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single dose vaccine or first dose of the 2 dose vaccine).

Signature _____ Date: _____

Printed Name: _____

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SECTION II – Page 1

Medical Request for Accommodation regarding COVID-19 Vaccination

Name: _____

First Name
Last Name

Job Title: _____ Department: _____

Email: _____ Phone: _____

Please check if you are requesting an exemption or a deferral and provide the condition for which you are seeking exemption or deferral:

I am requesting a medical *exemption* from COVID-19 vaccination.

Condition:

I am requesting a medical *deferral* from COVID-19 vaccination.

Condition:

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You understand that if granted an exemption, your name and vaccination status will be shared to the extent necessary to ensure compliance with health and safety requirements for unvaccinated individuals. You agree to comply with these restrictions and accept the responsibility for compliance with all health and safety requirements.

Also by signing this form, you understand and assume the risks of non-vaccination. You understand that COVID-19 vaccination is recommended to protect yourself and your co-workers from COVID-19 and its complications, including serious illness and death.

If your request for an exemption is not approved, and you do not otherwise receive a deferral of this requirement, you will be required to receive the COVID-19 vaccine as a condition of your continued employment. Individuals who have been denied an exemption shall have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single dose vaccine or first dose of the 2 dose vaccine).

Signature _____ Date: _____

Printed Name: _____

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SECTION III – Page 1 --FOR MEDICAL PROVIDER TO COMPLETE--

Medical Request for Accommodation regarding COVID-19 Vaccination

Select the reason for exemption

- A documented history of severe or immediate-type allergic reaction to any ingredient of all currently available COVID-19 vaccine brands. (Vaccine ingredients for each of the vaccine brands is available at: <https://www.cdc.gov/vaccines/covid-19/eua/index.html>). List vaccine ingredient(s) the patient is allergic to:

Details: _____

- A documented history of severe allergy or immediate-type hypersensitivity reaction to a previous COVID-19 vaccination, and also a separate contraindication to all currently available COVID-19 vaccine brands.

Details: _____

- For the J&J/Janssen vaccine: A history of a specific heparin allergy known as heparin-induced thrombocytopenia (HIT) may be a contraindication or reason to defer the vaccination.

Details: _____

- Other - medical condition that requires employee to not receive the vaccination or delay until a future date.

Details: _____

The following conditions are not considered medical contraindications to COVID-19 vaccination but for which a deferral of the vaccination to a later date is being requested:

- Medication-induced immunocompromised states, especially when the medication is temporary and the vaccine is predicted to have better efficacy with future administration. Ideally though the vaccination should be given at least 2 weeks before the initiation of such immunosuppressive medications.

Details: _____

- Prior positive COVID-19 test: *If they test positive for COVID-19 before their first vaccine or after the first vaccine but prior to the second vaccine, they should wait 10 days from the positive test (or 90 days if they received treatment with Monoclonal Antibody Infusion) and be fully recovered s before receiving the first or second dose as appropriate.*

Details: _____

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SECTION III – Page 2 --FOR MEDICAL PROVIDER TO COMPLETE--

(continued)

- Upcoming surgery: If an individual is scheduled for an upcoming surgery, they should consult with the surgeon to determine if their vaccination should be scheduled to a later date.

Details (including when the individual should be able to get vaccinated):

Note: The following conditions are **not** considered medical contraindications to COVID-19 vaccination:

- A history of allergy or anaphylaxis to foods, antibiotics, other oral medications, pets, venom, other environmental allergies, or non-COVID vaccines.
- A history of latex allergy.
- Individuals who do not eat eggs or gelatin.
- Family history of adverse vaccine reactions or autoimmune conditions.
- Fear of needles or general avoidance of vaccines.

Add any supporting data (please include any pertinent labs or studies, specialist notes, etc.)

Exemption is temporary and vaccination can be initiated after: _____
Date

Anticipated duration of temporary exemption: _____

Provider's Signature: _____

Date: _____

Provider: _____
First Name Last Name

Address: _____
Street City/State/Zip

Phone: _____ Fax: _____

Specialty: _____

ATTACH MEDICAL RECORDS

Please attach medical records or progress/visit notes that specifically indicate the contraindication/s for the patient receiving the COVID-19 vaccine. **Please note that the entire patient chart is not required - only the *progress/visit note* of the healthcare provider *demonstrating contraindications to the COVID-19 Vaccine is required.***