

EMPLOYEE VACCINATION POLICY

I. Introduction.

In pursuit of our commitment to provide a safe and hazard free workplace, we are adopting this policy to safeguard the health of our employees, their families, visitors, and our community. The purpose of this policy is to minimize transmission of viruses that may be reduced by vaccination. The following vaccinations will be required for _____ (“the Company”) [Company Name].

- Covid-19
- Flu
- Tetanus
- Meningitis
- Measles, mumps and rubella (MMR)
- Varicella (chickenpox)
- Hepatitis A
- Hepatitis B
- Pneumococcal
- Other: _____

This policy is effective as of _____, 20____. (Check if applicable) This policy applies to _____ [Office/Location].

II. Scope

All of the following individuals must receive the required vaccinations, unless a reasonable accommodation is approved.

- Employees
- Contractors
- Security
- Staff
- Volunteers
- Students
- Interns
- Doctors and nurses
- Faculty
- Teachers
- Other: _____



All individuals required to receive vaccinations must certify that they have received the necessary vaccinations and maintain a proof of vaccination, which the individual must provide (Check one) immediately within ____ days upon the Company's request.

*The above can be covered under exemptions in the Reasonable Accommodation section below.

Individuals without documentation of vaccination or valid exemption will be considered noncompliant with vaccination requirements.

If vaccination has not occurred within the time frames specified within this policy, the individual may or may not receive a written warning from their supervisor that they are not in compliance with the vaccination policy. The worker will then have ____ days to comply (either through vaccination, proof of valid medical exemption, or proof of religious accommodation approved by the Company).

If the individual is not in compliance within ____ days of the written warning issuance, the Company will take the following action: _____.

III. Procedures.

Individuals must receive vaccinations provided by an approved healthcare provider and provide written proof of receipt of required vaccinations.

Any vaccinations received from an approved healthcare provider will be (Check one)

- paid for by the Company
- reimbursed to the vaccine recipient
- at the expense of the individual

All individuals must follow the vaccination schedule approved by their licensed healthcare professional. Paid time off (Check one) will will not be given to employees in order to receive a vaccination. (Check if applicable) Benefits given to employees in order to receive a vaccination include: _____ [Benefits Provided].

(Check if applicable)

New hires must present proof of the required vaccines (Check one) at least ____ days prior to within ____ days after their start date. New hires hired outside of the months when certain vaccines are available will be notified of Company's vaccination policy and will be expected to comply with vaccinations in the next season.



IV. Reasonable Accommodation

Individuals needing an exemption from this policy due to a medical reason, or because of a sincerely held religious belief must request an accommodation in writing and provide documentation from a licensed healthcare professional of the medical condition or corroborating evidence of the religious exemption. Accommodations will be granted where they do not cause the Company undue hardship or pose a threat to the health and safety of others.

If you have any questions concerning this policy, please contact _____ [Name] at _____ [Phone] or _____ [Email].

V. Acknowledgement of Receipt

I, the undersigned, acknowledge that I have been provided with a copy of this Vaccination Policy, which contains important information about vaccination requirements and the consequences for noncompliance.

I understand that by signing this policy I am agreeing to abide by the requirements listed herein.

By: _____ Date: _____

