

COVID-19 VACCINATION POLICY

PURPOSE

COVID-19 coronavirus is a highly contagious and potentially fatal respiratory illness caused by the SARS-CoV-2 virus. Vaccination is the most effective way to prevent COVID-19 infection. Vaccination protects you, your co-workers and your clients.

POLICY

XYZ Law Offices (XYZ) will develop, implement and evaluate a program to offer regular COVID-19 vaccination for XYZ personnel on an annual basis in accordance with public health guidance. In the event of limited vaccine availability, COVID-19 vaccination will be allocated on the basis of regulatory requirements and occupational risks. All XYZ personnel are required to either receive initial and subsequent COVID-19 vaccination or complete a statement (attached to this Policy as Exhibit A):

- Acknowledging that they were offered vaccination;
- Indicating that they voluntarily declined it; and
- Listing the reasons for declining vaccination.

EXHIBIT A: COVID-19 VACCINATION DECLINATION FORM

I HEREBY ACKNOWLEDGE THAT:

- COVID-19 is a highly contagious and potentially fatal respiratory disease that has killed more than 400,000 Americans to date.
- The SARS-CoV-2 virus that causes COVID-19 may be shed for up to 48 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with COVID-19 have no symptoms, increasing the risk of transmission to others.
- COVID-19 vaccine cannot transmit COVID-19 and it does not prevent all disease.
- I have declined to receive the COVID-19 vaccine.

* I acknowledge that COVID-19 vaccination is recommended by the U.S. Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of COVID-19 and its complications, including death, to patients, my co-workers, my family, and my community.

- I am required to wear a mask at all times while in any XYZ Law Offices clinical area during the pandemic as defined by the Chief Medical Officer.

• My supervisor and manager, including division and departmental leadership will be notified that I declined.

PRINT NAME: _____ DOB _____

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form. I decline vaccination for the following reason(s). (Please list)

Print Name _____ Signature _____ Date _____

Phone Number _____

Department _____ Manager's Name _____