

COVID-19 VACCINATION REGULATIONS
IN COMPLIANCE WITH EXECUTIVE ORDER NO. 13G AND DPH IMPLEMENTATION GUIDANCE

BACKGROUND.

On August 19, 2021, Governor Lamont issued Executive Order 13D (“Protection of Public Health and Safety During COVID-19 Pandemic — Vaccinations Required for State Employees, School Employees and Childcare Facility Staff”) requiring covered workers in a public or non-public pre-K to grade 12 school to be vaccinated against COVID-19 or, if not vaccinated, to submit to weekly COVID-19 testing. On September 10, 2021, Governor Lamont issued Executive Order No. 13G (“Protection of Public Health and Safety During COVID-19 Pandemic — Vaccination Requirements for State Employees, School Staff, and Child Care Workers”) (“Order 13G”). Order 13G repealed and superseded Executive Order 13D in its entirety.

On September 17, 2021, the Connecticut Department of Public Health (DPH) issued [Implementation Guidance for Executive Order 13G: Vaccination Mandate for Individuals Working for State Facilities, State Hospitals, Public and Non-Public PreK-12 Schools, and Child Care Facilities](#) (“DPH Guidance”). The DPH Guidance sets forth the form and manner in which individuals subject to Order 13G must prove and authenticate their vaccination status or request an exemption from the vaccination mandate and includes the requirements for proving compliance with the related testing mandate if the individual is working under an approved exemption. The DPH Guidance also sets forth the form and manner in which school districts must verify compliance with the testing requirements for unvaccinated individuals.

These regulations are issued to ensure compliance by the Winchester Public Schools (the “District”) with all applicable laws, regulations, and guidance, including, but not limited to, Order 13G and the DPH Guidance. The District will inform individuals subject to Order 13G of these regulations and the process for submitting required documentation in a timely and secure manner.

DEFINITIONS.

For purposes of these regulations, the following definitions shall apply:

“**Covered worker**” refers to all employees, both full and part-time, contract workers, providers, assistants, substitutes, and other individuals working in the District, including individuals providing operational or custodial services or administrative support or any person whose job duties require them to make regular or frequent visits to District schools or to have regular or frequent contact with students or staff. Covered worker does not include a contract worker who visits a District school only to provide one-time or limited-duration repairs, services, or construction, or a volunteer.

“**Employee**” refers to individuals who are on, or applying to be on, the District’s payroll, and excludes contract workers.

“**Contractor**” refers to any person or business entity, including a vendor of support services or subcontractor, that provides the personnel who function as contract workers or covered workers for the District.

“**Contract worker**” refers to any person who provides services to the District requiring such person to make regular or frequent visits to District schools or to have regular or frequent contact with students or staff, but who is not employed by the District, excluding any person who visits a District school only to provide one-time or limited-duration repairs, services, or construction, or a volunteer.

“**Fully vaccinated**” means at least 14 days have elapsed since a person has received the final dose of a vaccine approved for use against COVID-19 by the U.S. Food and Drug Administration, or as otherwise defined by the Centers for Disease Control.

I. COVID-19 VACCINATION REQUIRED.

Subject to exemptions allowed by law as described below, COVID-19 vaccines shall be required as provided below.

1. **On and after September 27, 2021**, the District will require that any covered worker (a) is fully vaccinated against COVID-19, (b) has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine, or (c) is exempt from this requirement because a physician, physician’s assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker’s health, or the individual objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District, provided that any employee claiming such exemption shall apply for an exemption due to medical conditions or sincerely held religious or spiritual beliefs and must provide appropriate supporting documentation. Each employee request for an exemption will be considered on an individualized, case-by-case basis. Employees who apply for an exemption must provide appropriate supporting documentation.
2. A covered worker **hired before September 27, 2021** may, as an alternative to vaccination, and regardless of whether the covered worker has a medical or religious exemption, comply with the testing requirements described below in these regulations and any additional safety precautions imposed by the District.
3. **On and after September 27, 2021**, the District will, prior to extending an offer of employment to, or entering into a contract for the in-person services of, a covered worker or an entity that employs a covered worker, require that any covered worker (a) is fully vaccinated against COVID-19, (b) has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as

Johnson & Johnson's Janssen vaccine, or (c) is exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker's health, or the covered worker objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District, provided that any covered worker claiming such exemption shall apply for an exemption due to medical conditions or sincerely held religious or spiritual beliefs to the District or the contractor, as applicable, and must provide appropriate supporting documentation to the District or the contractor, as applicable. Each request for an exemption will be considered by the District or the contractor, as applicable, on an individualized, case-by-case basis. Any person who applies for an exemption must provide appropriate supporting documentation to the District or the contractor, as applicable.

II. PROOF OF COVID-19 VACCINATION REQUIRED.

Subject to exemptions allowed by law and unless otherwise permitted by law or under these regulations as described below, proof of COVID-19 vaccination status shall be required as provided below.

1. The District will authenticate, for all covered workers except contract workers, the vaccination status of covered workers, maintain documentation of vaccination or exemption of such covered workers, and report compliance with Order 13G in a form and manner directed by DPH, as set forth herein.
2. To comply with paragraph (1) above, all employees who are fully vaccinated are required to submit proof of COVID-19 vaccination to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
Darlene.bentley@winchesterschools.org

Proof of COVID-19 vaccination status may be provided by emailing such proof, in a timely and secure manner as prescribed by the District, to Darlene Bentley. Other methods of delivering proof of vaccination status are available upon request.

Acceptable forms of vaccination proof include a copy of any one of the following categories of documentation **plus** a signed declaration of authenticity:

- A valid CDC COVID-19 Vaccination Record Card; or
- A record from the individual's vaccine provider; or
- A certificate from the Vaccine Administration Management System (VAMS), if the individual received vaccination through the VAMS system; or

- A copy of the individual's official immunization record from the Connecticut Immunization Information System, CT WiZ.

All proof of vaccination must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered. Employees must not include any additional medical or genetic information with proof of vaccination.

3. Covered workers must also complete and sign a **Declaration Attesting to the Authenticity of an Individual's COVID-19 Vaccination Record**, attached to these regulations as **Appendix A**. **Proof of vaccination will not be deemed valid unless accompanied by the individual's signed declaration.** Personal attestations are not acceptable as proof of a COVID-19 vaccination. The District reserves the right to authenticate a Vaccination Record Card in a manner consistent with any binding standards issued by the Commissioner of Public Health for such authentication.

III. EXEMPTIONS FROM THE COVID-19 VACCINATION REQUIREMENT.

Exemptions from the COVID-19 vaccination requirement under Order 13G may be permitted as provided below.

1. **Medical Exemptions.** Employees may be granted an exemption because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of the COVID-19 vaccine is likely to be detrimental to the employee's health, and the employee is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District. Any employee claiming such exemption must apply for an exemption due to medical conditions. Each employee request for an exemption will be considered on an individualized, case-by-case basis. Employees who apply for an exemption must provide appropriate supporting documentation.
2. **Religious/Spiritual Belief Exemptions.** Employees may be granted an exemption because the employee objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the employee is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District. Any employee claiming such exemption shall apply for an exemption due to sincerely held religious or spiritual beliefs. Each employee request for an exemption will be considered on an individualized, case-by-case basis. Employees who apply for an exemption must provide appropriate supporting documentation.

IV. EXEMPTION REQUEST PROCESS.

Exemptions from the COVID-19 vaccination requirement under Order 13G will be processed as described below.

1. Employees wishing to request an exemption from the COVID-19 vaccination requirement under Order 13G must complete one of the request forms noted below by

September 13, 2021 The District will promptly review any such request to determine whether additional supporting documentation is needed and the availability of any reasonable accommodations.

2. Employees applying for a position with the District **on and after September 27, 2021** will be notified of, and must comply with, Section I.3 of these regulations prior to receiving an offer of employment. Non-compliance with Section I.3 of these regulations may result in denial of employment.
3. **Medical Exemptions.** Employees seeking an exemption due to medical conditions must complete the form entitled, **“Request for Accommodation: Medical Exemption from Vaccination,”** attached to these regulations as **Appendix B.** Medical exemption forms must be signed by the individual’s physician (MD or DO), physician’s assistant (PA), or advanced practice nurse practitioner (APRN). Individuals must submit completed forms via email, in a timely and secure manner as prescribed by the District, to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
Darlene.bentley@winchesterschools.org

4. **Religious/Spiritual Belief Exemptions.** Employees seeking an exemption on the basis of a sincerely held religious or spiritual belief must complete the form entitled, **“Request for Accommodation: Religious/Spiritual Belief Exemption from Vaccination,”** attached to these regulations as **Appendix C.** Individuals must submit completed forms via email, in a timely and secure manner as prescribed by the District, to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
Darlene.bentley@winchesterschools.org

5. **Exempt request forms appear at the end of these regulations as Appendix B and Appendix C** and may also be obtained from Darlene Bentley. Any employee claiming an exemption must apply for an exemption. Each request for an exemption will be considered on an individualized, case-by-case basis. Employees who apply for an exemption must provide appropriate supporting documentation. The District is not required to provide accommodations, including but not limited to an exemption from the COVID-19 vaccination requirement, if doing so would pose a direct threat to the health or safety of others in the workplace, educational environment, and/or the requesting employee or would create an undue burden on the District.
6. Employees who submit a request for exemption and accommodation may be contacted by the appropriate District administrator (the “Administration”), as necessary and applicable, to engage in an interactive process to determine eligibility for vaccination exemption and accommodation and discuss the availability of reasonable

accommodations that may permit the employee to perform their essential job functions without posing a direct threat to the health or safety of others in the workplace, educational environment, and/or to the requesting employee, and without creating an undue burden on the District. The Administration will communicate directly with the requesting employee regarding any additional information that may be necessary in order for the Administration to make such determinations.

V. REFUSAL TO RECEIVE A COVID-19 VACCINATION.

1. A covered worker **hired before September 27, 2021** may, as an alternative to vaccination, and regardless of whether the covered worker has a medical or religious/spiritual belief exemption, comply with the following testing requirements and any additional safety precautions imposed by the District. **This provision is not available to any covered worker hired on or after September 27, 2021.**
2. Employees **hired before September 27, 2021** who refuse to receive a COVID-19 vaccination and who either do not seek or do not receive a medical or religious/spiritual belief exemption from the COVID-19 vaccination requirement under Order 13G must so notify the Administration by **September 13, 2021** by sending an email to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
darlene.bentley@winchesterschools.org

3. Employees **hired before September 27, 2021** who submit notification of a refusal to receive a COVID-19 vaccination will be contacted by the Administration with information regarding District requirements for employees refusing vaccination. Such requirements will include weekly COVID-19 testing, as described below, and may include, but are not limited to, the following: wearing a face mask regardless of whether there is a state- or municipal-imposed mask mandate, working at a social distance from coworkers and students, working a modified shift, accepting a reassignment, participating in contact tracing, quarantining, and/or abiding by restricted access to facilities.

VI. WEEKLY COVID-19 TESTING OF EMPLOYEES WHO ARE NOT FULLY VACCINATED REQUIRED.

Weekly COVID-19 testing shall be required as provided below.

1. **Beginning on September 27, 2021**, the following employees must submit to COVID-19 testing one time per week on an ongoing basis and provide adequate proof of the test results on a weekly basis to the District in a form and manner directed by DPH, as set forth herein:
 - a. Employees who have not demonstrated proof of full vaccination, **until such time as proof of full vaccination is provided.**

- b. Employees who have received only the first dose of a two-dose series vaccination, such as Pfizer or Moderna vaccines, **until such time as the employee is fully vaccinated and provides proof of such full vaccination.**
 - c. Employees who are granted a medical or religious/spiritual belief exemption from the COVID-19 vaccination requirement under Order 13G.
 - d. Employees hired before September 27, 2021 who refuse to receive a COVID-19 vaccination.
2. Proof of COVID-19 test results must be provided via email to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
darlene.bentley@winchesterschools.org

Other methods of delivering COVID-19 test results are available upon request.

3. Employees must submit their first COVID-19 test results on September 27, 2021. Thereafter, employees will be required to submit their test results every Thursday by noon.
4. Weekly (*i.e., at least once every seven days*) COVID-19 testing is required for all unvaccinated employees. Such weekly tests must be:
- either PCR or antigen SARS-CoV-2 tests;
 - administered and reported by a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current Clinical Laboratory Improvement Amendments waiver; and
 - submitted to the District within 72 hours of the test administration date.

Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of testing for purposes of complying with Order 13G and these regulations.

5. Test result reports must include the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result.
6. Covered workers and/or contract workers will not be provided access to District facilities unless their most recent test result is “negative” or indicates that virus material is “not detected.” Results provided as “inconclusive” are not considered negative results and as such require retesting. If an individual receives an inconclusive result and cannot be retested and provide a negative result within seven (7) days of their last negative test, then that individual will be excluded from on-site work until they can provide a negative test result.

7. Processing delays with laboratories, testing providers, or other healthcare provider facilities will not excuse compliance with these regulations.
8. In addition to the weekly testing requirement, the District may require unvaccinated employees entering the workplace and/or educational environment to follow certain health and safety precautions as communicated to the employee by the District, and to take certain other measures as a reasonable accommodation, subject to the requirements of the interactive process, which may include, but are not limited to, the following: wearing a face mask regardless of whether there is a state- or municipal-imposed mask mandate, working at a social distance from coworkers and students, working a modified shift, accepting a reassignment, participating in contact tracing, quarantining, and/or abiding by restricted access to facilities.

VII. TEMPORARY TESTING WAIVERS.

1. Covered workers who wish to request a **temporary waiver** from SARS-CoV-2 testing on the basis of having had COVID-19 within the prior 90 days must a **Temporary Waiver from Weekly COVID-19 Testing on the Basis of Prior COVID-19 Infection Form**, attached to these regulations as **Appendix D** and available, upon request, from Darlene Bentley.
2. Such form must be completed and signed by an individual's healthcare provider, using the submission format and process for submitting test results described in Section VI, above.
3. Any individual granted a temporary waiver from SARS-CoV-2 must return to regular weekly testing after the expiration date indicated on the waiver form if they are not fully vaccinated by that date.

VIII. NO EXTENSIONS.

1. Appropriate vaccination documentation, requests for exemptions, and/or test results must be submitted by September 27, 2021.
2. Individuals are solely responsible for gathering and submitting all required documentation in advance of the established deadline in order to ensure that they are in compliance on and after September 27, 2021.
3. Processing delays with vaccine or healthcare providers, VAMS, web-based applications, or state agencies will not excuse compliance with these regulations.

IX. CONFIDENTIALITY.

Information pertaining to COVID-19 vaccination status, exemptions from the COVID-19 vaccination requirement under Order 13G, any reasonable accommodations in place, and COVID-19 test results will be restricted to personnel at the District with a need to know.

Medical information maintained by the District will be maintained confidentially in a location separate from personnel files.

Any information submitted, collected, or maintained regarding a covered worker pursuant Order 13G will not be subject to disclosure pursuant to Section 1-210 of the Connecticut General Statutes.

X. REQUIREMENTS PERTAINING TO CONTRACTORS AND CONTRACT WORKERS.

Contractors and contract workers must comply with these regulations as provided below at the contractor's and/or contract worker's expense.

1. Contractors and contract workers must comply, and must cause contract workers to comply (as applicable), with these regulations.

2. **Provisions applicable to contractors:**
 - a. On and after September 27, 2021, contractors shall (i) authenticate the vaccination status of their contract workers according to Section II.2 and II.3 of these regulations, (ii) maintain documentation of vaccination or exemption of such contract workers, and (iii) provide such documentation upon request and report compliance to the District on September 28, 2021 and thereafter upon request in a form and manner directed by DPH, as set forth in these regulations.
 - b. On and after September 27, 2021, contractors shall (i) implement a policy that requires their contract workers who have not demonstrated proof of full vaccination, including those with medical or religious/spiritual belief exemptions or those refusing vaccination who are providing services to the District pursuant to a contract entered into **before** September 27, 2021, to submit to COVID-19 testing not less than once per week on an ongoing basis until fully vaccinated and (ii) provide adequate proof of the results of the testing on a weekly basis to the District, in a form and manner prescribed by the Department of Health. Contractors must ensure their unvaccinated contract workers submit initial COVID-19 test results on or before September 27, 2021 and submit adequate proof of weekly COVID-19 test results on an ongoing basis thereafter.
 - c. Contractors must positively affirm that contract workers are in compliance with the provisions of Order 13G and the DPH Guidance prior to permitting contract workers to enter the District's facilities or premises.
 - d. Contractors must certify compliance with these regulations in a manner prescribed by the District. At minimum, contractors must provide periodic reporting of numbers of contract workers who are vaccinated, have been granted an exemption, or are subject to weekly testing at a frequency that the District determines is sufficient to assure compliance.

3. **Provisions applicable to contract workers who have entered into a contract directly with the District and are not employed by contractors:**
 - a. On and after September 27, 2021, contract workers must (i) submit proof of COVID-19 vaccination to the District according to Section II.2 and II.3 of these regulations, (ii) submit a request to the District for an exemption from the COVID-19 vaccination requirement under Order 13G according to Sections III and IV of these regulations, or (iii) for contract workers who are providing services to the District pursuant to a contract entered into **before** September 27, 2021, notify the District of their refusal to receive a COVID-19 vaccination according to Section V of these regulations.
 - b. On and after September 27, 2021, contract workers who have not demonstrated proof of full vaccination shall (i) submit to COVID-19 testing not less than once per week on an ongoing basis until fully vaccinated and (ii) provide adequate proof of the results of the testing on a weekly basis to the District, in a form and manner prescribed by DPH, as set forth in these regulations. Unvaccinated contract workers must submit initial COVID-19 test results on or before September 27, 2021 and submit adequate proof of weekly COVID-19 test results on an ongoing basis thereafter, in accordance with these regulations.
4. Contractors and contract workers providing services to the District pursuant to a contract entered into **on and after September 27, 2021** who refuse to receive a COVID-19 vaccination without a medical or religious/spiritual belief exemption from the COVID-19 vaccination requirement under Order 13G shall be considered non-compliant with these regulations and subject to the penalties described in Section XI below.
5. Failure of any contractor or contract worker to comply with these regulations may result in exclusion from District facilities and/or school premises and/or termination or suspension of contracts for services.

XI. ADMINISTRATION OF THESE REGULATIONS.

Questions

For questions about the implementation of these regulations, please direct your inquiries to **Melony Brady-Shanley, Superintendent.**

Violations of these Regulations

Employees who fail to comply with these regulations will be subject to disciplinary action, up to and including termination of employment.

Employees who are exempt from vaccination who do not abide by the reasonable accommodations and safety protocols established for unvaccinated individuals, including, but not limited to, the weekly COVID-19 testing requirement, will be subject to discipline, up to and

including termination of employment, and will not be allowed in District facilities or on school premises.

Contractors and/or contract workers who fail to comply with these regulations may be excluded from District facilities and/or school premises, and/or may have contracts for services suspended or terminated.

Modification of these Regulations

Government and public health laws/regulations/guidance (including, but not limited to, Order 13G and the DPH Guidance), guidelines, restrictions, and practices regarding COVID-19 are changing rapidly as new information becomes available. The District reserves the right to modify and/or repeal these regulations at any time to adapt to changing laws, regulations, circumstances, and/or District needs, consistent with all applicable laws, regulations, and collective bargaining obligations.

Non-Retaliation

The District prohibits any form of discipline, reprisal, intimidation, or retaliation for reporting a violation of these regulations or any other health and safety concern, or for requesting and/or receiving an exemption to the COVID-19 vaccination requirement under Order 13G and reasonable accommodations pursuant to these regulations.

APPENDIX A

**DECLARATION ATTESTING TO THE AUTHENTICITY OF AN INDIVIDUAL’S
COVID-19 VACCINATION RECORD
IN COMPLIANCE WITH EXECUTIVE ORDER NO. 13G AND DPH IMPLEMENTATION GUIDANCE**

COVID-19 Vaccination Record Declaration

Pursuant to Executive Order No. 13G, all individuals working in a public preK-12 school (“covered workers”) and any contractors and contract workers who are covered workers as defined by Executive Order No. 13G must be fully vaccinated for COVID-19, partially vaccinated with one dose of a two-dose COVID-19 vaccine regimen and have a scheduled second dose appointment, prior to September 27, 2021; or be exempted from the vaccine requirement for certain medical reasons or sincerely held religious or spiritual beliefs. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G, the Implementation Guidance for Executive Order 13G issued by the Connecticut Department of Public Health, and/or the individual’s employing/contracting Board of Education to verify their vaccine status, even if submitting proof of partial vaccination, must also provide a declaration attesting to the authenticity of that documentation.

If you are using an electronic or paper copy of a CDC Vaccination Card or other official record to verify your vaccine status, please complete this declaration form and submit it to Darlene Bentley by September 24, 2021.

Name: _____ Date of Birth: _____
Job Title: _____ Employee Number: _____
Agency/Department: _____
Manager/Supervisor: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Your signature below indicates agreement with the following statement:

I declare and attest that the official record I submitted to my employing/contracting Board of Education is a copy of my personal vaccination record and that the information included in that document is true and accurate, to the best of my knowledge. I understand that the submission of false information to a school or school board, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. § 1017, and employees/contractors who commit such violation may be subject to discipline, up to and including termination of employment or suspension of their contract for services.

Employee signature

Date

APPENDIX B

**COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM
IN COMPLIANCE WITH EXECUTIVE ORDER NO. 13G AND DPH IMPLEMENTATION GUIDANCE**

To request an exemption from the COVID-19 vaccination requirement under Executive Order No. 13G (“Order 13G”), please complete Section 1 below and have your medical provider(s) complete Section 2 before returning this form via email to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
Darlene.bentley@winchesterschools.org

All exemption requests will be considered on an individualized, case-by-case basis.

Section 1: Request for Medical Exemption for COVID-19 Vaccination

Pursuant to Executive Order No. 13G, the _____ Board of Education and the _____ Public Schools (the “District”) may exempt an individual from the COVID-19 vaccination requirement if the individual’s physician (MD or DO), physician assistant (PA), or advanced practice registered nurse (APRN) determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual’s health. In such cases, the District may allow the individual to continue to access on-site facilities and premises if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis.

To request a medical exemption to the COVID-19 vaccination requirement, please complete the information below and have your physician, physician assistant, or advanced practice registered nurse complete the information on the pages that follow. Once the form is completed, please submit it to the Darlene Bentley – darlene.bentley@winchesterschools.org – Fax- 860-379-4088

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____
Job Title: _____ Employee Number: _____
Agency/Department: _____
Manager/Supervisor: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

I hereby authorize my medical provider(s), _____, to release the information below from my patient file to the _____ Public Schools (the “school district”) for the purpose of permitting the school district to (1) assess my request for a medical exemption from the COVID-19 vaccination requirement and (2) determine a reasonable accommodation that is not an undue burden on the school district. I further consent to school officials of the school district communicating with the above-named medical provider(s) in connection with my request for a medical exemption from the COVID-19 vaccination requirement. I understand that such medical provider(s) is authorized to exchange with the school district health/medical information related to my request for a medical exemption from the COVID-19 vaccination requirement. I understand that the purpose of the exchange of such information is to (1) assess my request for a medical exemption from the COVID-19 vaccination requirement and (2) determine a reasonable accommodation that is not an undue burden on the school district. I understand that this authorization will expire on June 30, 2022, unless I revoke this authorization at an earlier time by submitting written notice of the withdrawal of consent.

Employee/Contract Worker Signature

Date

Section 2: Healthcare Provider Certification

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested a medical exemption from COVID-19 vaccination as required by their employer under the Governor’s Executive Order No. 13G. This request for exemption will be evaluated based on the medical information you provide. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

We encourage you to listen carefully to your patient’s concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Please complete this form if the person listed above seeking a medical exemption is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should **NOT** be vaccinated for COVID-19 based on their individual medical condition(s). More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).

Part 3. If no contraindications or precautions apply in Part 2 but you are still indicating a need for medical exemption from COVID-19 vaccination for this patient, provide a brief explanation of your reasoning for this opinion.

Part 4. Read, sign, and date the Statement of Clinical Opinion.

Patient Name: _____

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

Name and Address of Practice:

Contact Phone Number: _____ *Email:* _____

State License Number: _____

Part 2. Specific Contraindications

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

Neither contraindications nor precautions to COVID-19 vaccination

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are **not** a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do **not** have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

CDC Recognized Contraindications and Precautions

<u>COVID-19 Vaccines included in exemption</u>	<u>Exemption Duration</u>	<u>ACIP Contraindications and Precautions (Check all that apply)</u>
<input type="checkbox"/> <u>Pfizer mRNA vaccine</u> <input type="checkbox"/> <u>Moderna mRNA vaccine</u> <input type="checkbox"/> <u>Janssen/ J&J viral vector vaccine</u>	<input type="checkbox"/> <u>Temporary through:</u> <u> / </u> <u>mm/ yyyy</u> <input type="checkbox"/> <u>Permanent</u>	<u>Contraindications</u> <input type="checkbox"/> Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine <input type="checkbox"/> Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine <u>Precautions</u> <input type="checkbox"/> History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine <input type="checkbox"/> History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”]) <input type="checkbox"/> History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction

* Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

Part 3. Other Medical Condition Necessitating Exemption

If claiming the need for a medical exemption from COVID-19 vaccination for this patient based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2, provide an explanation of your reasoning for this opinion below.

PROVIDER CERTIFICATION: In accord with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature: _____ **Date:** _____

APPENDIX C

**COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST FORM
IN COMPLIANCE WITH EXECUTIVE ORDER NO. 13G AND DPH IMPLEMENTATION GUIDANCE**

To request an exemption from the COVID-19 vaccination requirement under Executive Order No. 13G (“Order 13G”) on the basis of a sincerely held religious or spiritual belief, please complete this form and return it via email to:

Darlene Bentley
Executive Assistant / Benefits Specialist
860-379-0706 x 1
Darlene.bentley@winchesterschools.org

All exemption requests will be considered on an individualized, case-by-case basis.

Name (print):	Date:
Building:	Position:
Supervisor:	Cell Phone:

Please initial below to confirm you have read and agree with the following statements:

____ I am requesting an exemption from the COVID-19 vaccination requirement under Order 13G because I object to vaccination on the basis of a sincerely held religious or spiritual belief, and I believe I am able to perform my essential job functions with a reasonable accommodation that is not an undue burden on the Winchester Public Schools (the “school district”). I understand that the term religious belief or practice does not include social, political, or economic philosophies or personal preference.

____ I understand that under Order 13G, employees and contract workers who have applied for an exemption from the COVID-19 vaccination requirement on the basis of a sincerely held religious or spiritual belief must provide appropriate supporting documentation upon request, and as such, I may be asked to provide additional supporting documentation. I verify that the information I am hereby submitting to support my request for an exemption from the COVID-19 vaccination requirement 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 of my employment, or the suspension or termination of my contract with the school district (as applicable).

____ I understand that the school district is not required to provide accommodations, including but not limited to an exemption from the COVID-19 vaccination requirement, if doing so would create an undue burden on the school district.

____ I understand that Order 13G directs school districts to implement a policy requiring employees and contract workers who have not demonstrated proof of full vaccination to submit to weekly COVID-19 testing, and as such, **I must submit to weekly COVID-19 testing if the school district grants my request for an exemption from the COVID-19 vaccination requirement on the basis of a sincerely**

held religious or spiritual belief. In addition to such testing requirement under Order 13G, the school district may require unvaccinated employees and contract workers entering the workplace to follow certain health and safety precautions as communicated to me by the school district, and to take certain other measures as a reasonable accommodation, subject to the requirements of the interactive process, which may include, but are not limited to, the following: wearing a face mask regardless of whether there is a state- or municipal-imposed mask mandate, working at a social distance from coworkers and students, working a modified shift, accepting a reassignment, participating in contact tracing, quarantining, and/or abiding by restricted access to facilities. I further acknowledge that it is my responsibility to abide by such precautions or other accommodations that may be provided and/or required by the school district in order to provide a safe and healthy workplace and educational environment for myself and others in the school district.

Employee/Contract Worker Signature:	Date:
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HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Approved __/__/__

Denied __/__/__

Describe why request is denied:

Pending __/__/__

More information is required. Describe what additional information is required.

APPENDIX D

TEMPORARY WAIVER FROM WEEKLY COVID-19 TESTING ON THE BASIS OF PRIOR COVID-19 INFECTION

IN COMPLIANCE WITH EXECUTIVE ORDER NO. 13G AND DPH IMPLEMENTATION GUIDANCE

Pursuant to Executive Order No. 13G, the _____ Board of Education and the _____ Public Schools (the “District”) may allow the individual to continue to access on-site facilities and premises if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the District,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis.

The Centers for Disease Control and Prevention (CDC) recommends that individuals who have had documented COVID-19 within the prior 90 days should not be included in screening testing programs for asymptomatic people. This is because some components of viral RNA may remain present in a COVID-19 recovered person’s body for up to 90 days, and as a result cause a person to test positive for SARS-CoV-2 even when they are not actively infected (*i.e.*, false positives). Individuals who are experiencing symptoms of COVID-19 who have been infected in the prior 90 days should consult with their healthcare provider regarding the utility of SARS-CoV-2 testing.

If you are a covered worker subject to the provisions of Executive Order No. 13G, you may request a temporary waiver from the weekly SARS-CoV-2 testing portion of the Executive Order requirements for the 90 days after your COVID-19 diagnosis. To request this waiver, individuals must have their healthcare provider complete the information below and both you and your healthcare provider must attest to the accuracy of the information provided. Once the form is completed, please submit it to Darlene Bentley – Darlene.bentley@winchesterschools.org – Fax: 860-379-4088

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____
Job Title: _____ Employee Number: _____
Agency/Department: _____
Manager/Supervisor: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Your signature below indicates agreement with the following statement:

I declare and attest that the information provided herein is true and accurate, to the best of my knowledge.

Employee signature

Date

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested to be temporarily excused from SARS-CoV-2 testing, as required by their employer under the Governor’s Executive Order No. 13G, on the basis of having had COVID-19 within the prior 90 days. This request for a temporary waiver will be evaluated based on the information you provide.

Please complete this form if the person listed above seeking a temporary waiver from SARS-CoV-2 testing is your patient and you can positively attest that this patient had COVID-19 at some point in the prior 90 days. More information on recommendations for SARS-CoV-2 testing, including under what conditions testing is or is not recommended, can be found on the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the applicable basis for your recommendation for a temporary waiver for this patient, and the date of diagnosis and applicable date of expiration of the waiver.

Part 3. Read, sign, and date the Statement of Clinical Opinion.

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

Name and Address of Practice:

Contact Phone Number: _____ Email: _____

State License Number: _____

Patient Name: _____

Part 2. Basis of Verification of Patient's Current or Prior COVID-19 Status:

In this section, indicate the basis on which you can affirmatively verify that the individual requesting this temporary waiver has had an active SARS-CoV-2 infection within the prior 90 days.

Please check off any of the following that apply:

- I have verified that this individual had a positive test for SARS-CoV-2 performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other appropriate healthcare provider facility within the prior 90 days.
- I had diagnosed this individual with COVID-19 within the prior 90 days based on his or her symptom presentation and history of close contact with another COVID-19 case.
- I had diagnosed this individual with COVID-19 within the prior 90 days on some other clinical basis (must specify below):

Date of COVID-19 diagnosis: _____

Date of Waiver Expiration: _____ (90 days after date listed above)

Part 3: Statement of Clinical Opinion

Your signature below indicates agreement with the following statement:

PROVIDER CERTIFICATION: In accordance with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a temporary waiver from SARS-CoV-2 testing based on their having had COVID-19 within the prior 90 days. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature: _____ Date: _____