

Infection Control

PRogram Appendix

**COMPANY**

Street Address

City, State, Zip

CARE | PROTECT | GROW

**Table of Contents**

CARE | PROTECT | GROW

1. [REQUEST FOR A RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT 3](#_Toc91502433)
2. [REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT WITH VERBAL INTERVIEW 5](#_Toc91502434)
3. [REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT 7](#_Toc91502435)
4. [unvaccinated Employee status FORM 11](#_Toc91502436)
5. [Employee Attestation of COVID-19 Vaccination Status 12](#_Toc91502437)
6. [OSHA ETS: COVID-19 Vaccination and Testing Compliance Checklist 13](#_Toc91502438)

REQUEST FOR A RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions:**  To be completed by employees. Provide narrative responses where applicable (Blocks 8-11, 12.b, 12.c, 13). If additional space is needed, proceed on the continuation block (Block 14) by annotating the Section and Line number and continue your narrative response. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the employing organization may result in legal consequences, including removal from employment. | | | |
| 1. Employee Name *(Last, First, Middle Initial)* | | 1. Employee ID Number: | |
| 1. Department: | | 1. Date of Request: | |
| 1. Position/Title: | 1. Supervisor: | | 1. Supervisor Phone Number: |
| 8. Please describe the religious belief, practice, or observance that is the basis for your request for a religious exemption from the COVID-19 vaccination requirement. | | | |
| 9. Please describe when and how you came to hold the religious belief or observe the religious practice. | | | |
| 10. Please describe how you have demonstrated the religious belief or observed the religious practice in the past. | | | |
| 11. Please explain how the COVID-19 vaccines conflict with your religious belief, practice, or observance. | | | |
| 12.a Have you previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice. Yes No | | | |
| 12.b If Yes, please provide a description of the circumstances, timing, and resolution of the matter. | | | |
| 12.c If No, please provide an explanation as to why your objection is limited to the particular COVID-19 vaccines. | | | |
| 13. Please provide any additional information that may be helpful in resolving your request for a religious exemption from the COVID-19 vaccination requirement. You may submit additional documentation in support of this request to Human Resources along with this form. | | | |
| I declare to the best of my knowledge and ability that the foregoing is true and correct. | | | |
| 14. Date (DD/MM/YYYY) | 15. Signature | | |

**PRIVACY ACT STATEMENT**

**Authority:** OSHA ETS86 FR 61402; 29 CFR 1910; 29 CFR 1915; 29 CFR 1915; 29 CFR 1917; 29 CFR 1918; 29 CFR 1926; 29 CFR 1928; 29 U.S.C ch.15 § 651 et seq or (OSH Act of 1970); 6(c)(1) of the OSH Act, 29 U.S.C. 655(c)(1); General Duty Clause, § 5(a)(1) of the OSH Act of 1970; Civil Rights Act of 1964 §7, 42 U.S.C. § 2000e et seq (1964) or (Title VII); 42 U.S.C. Chapter 21, Subchapter VI; 42 U.S.C. Chapter 21B

**Principal Purpose:** The information on this form is being collected so that the employing organization may determine whether to grant your request for a religious exemption from the COVID-19 vaccination  requirement for employees, pursuant to the OSHA ETS 86 FR 61402 and in furtherance of COVID-19 workplace safety plans. Consistent with the Religious Freedom Restoration Act  of 1993, 42 U.S.C. Chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. Chapter 21, Subchapter VI, individuals seeking a religious exemption from the vaccination requirement  will submit to the employing organization supporting information about their religious beliefs or practices in order for the employing organization to evaluate the exemption request.

**Routine Use(s):** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this  information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a  public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work  environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees,  experts, consultants, and others as necessary to perform their duties for the employing organization, the federal government; agencies, courts, and persons as necessary and relevant in the course of  litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

**Consequences of Failure to Provide Information:** Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form  may impact employing organization’s ability to evaluate or act upon a request for a religious exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the employing organization may result in legal consequences, including removal from employment.

REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT WITH VERBAL INTERVIEW

The OSHA COVID-19 Vaccination and Testing; Emergency Temporary Standard requires employees of certain employing organizations as defined within 86 FR 61402 to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, Federal law may entitle an employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. [CLIENT NAME] is committed to respecting the important legal protections for religious liberty. The purpose of this form is to determine whether you may be eligible for an exception. To be eligible for a possible exception, you must first establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exception if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions. In order to request a religious exception, please fill out this form. The employing organization may ask for other information as needed to determine if you are legally entitled to an exception. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the employing organization may result in legal consequences, including termination or other legal action.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information** | | | |
| Employee Name: | | Date of Request: | |
| Employee ID Number: | | Department: | |
| Position/Title: | Employee's Supervisor: | | Telephone Number: |
| **Questions** | | | |
| Please describe the nature of your objection to the COVID-19 vaccination requirement. | | | |
| Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how. | | | |
| Please provide any additional information that you think may be helpful in reviewing your request. For example:   * How long you have held the religious belief underlying your objection? * Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines. * Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine) | | | |
| I declare to the best of my knowledge and ability that the foregoing is true and correct. | | | |
| Employee Signature: | | | |
| Copy of Privacy Act Received- Employee Initial: | | Date: | |
| Interviewer Name: | | Interviewer Title: | |
| Interviewer Signature: | | Date: | |

**Copy to be provided to employee at the time of verbal interview**

**PRIVACY ACT STATEMENT**

**Authority:** OSHA ETS86 FR 61402; 29 CFR 1910; 29 CFR 1915; 29 CFR 1915; 29 CFR 1917; 29 CFR 1918; 29 CFR 1926; 29 CFR 1928; 29 U.S.C ch.15 § 651 et seq or (OSH Act of 1970); 6(c)(1) of the OSH Act, 29 U.S.C. 655(c)(1); General Duty Clause, § 5(a)(1) of the OSH Act of 1970; Civil Rights Act of 1964 §7, 42 U.S.C. § 2000e et seq (1964) or (Title VII); 42 U.S.C. Chapter 21, Subchapter VI; 42 U.S.C. Chapter 21B

**Principal Purpose:** The information on this form is being collected so that the employing organization may determine whether to grant your request for a religious exemption from the COVID-19 vaccination  requirement for employees, pursuant to the OSHA ETS 86 FR 61402 and in furtherance of COVID-19 workplace safety plans. Consistent with the Religious Freedom Restoration Act  of 1993, 42 U.S.C. Chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. Chapter 21, Subchapter VI, individuals seeking a religious exemption from the vaccination requirement  will submit to the employing organization supporting information about their religious beliefs or practices in order for the employing organization to evaluate the exemption request.

**Routine Use(s):** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this  information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a  public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work  environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees,  experts, consultants, and others as necessary to perform their duties for the employing organization, the federal government; agencies, courts, and persons as necessary and relevant in the course of  litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

**Consequences of Failure to Provide Information:** Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form  may impact employing organization’s ability to evaluate or act upon a request for a medical exemption or delay from the COVID-19 vaccination requirement. Any intentional misrepresentation to the employing organization may result in legal consequences, including removal from employment.

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

The OSHA COVID-19 Vaccination and Testing; Emergency Temporary Standard requires employees of certain employing organizations as defined within 86 FR 61402 to be vaccinated against COVID-19, with exceptions only as required by law. Employees may seek a legal exception to the vaccination requirement due to a disability using this form. The employing organization may also ask for other information, as needed. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided under the standards of 42 U.S.C. ch. 126 § 12101 et seq (here after referred to as the Americans with Disabilities Act) for reasonable accommodation absent undue hardship to the employing organization. An employee may also request a delay for complying with the vaccination requirement based on certain medical considerations that may not justify an exception under the Americans with Disabilities Act. The employing organization will be required to keep confidential any medical information provided, subject to 42 U.S. Code § 1320d-6 (entitled: Wrongful Disclosure of Individually Identifiable Health Information) also known as the Health Insurance Portability and Accountability Act (HIPAA); and the Americans with Disabilities Act. Employees who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation to the employing organization may result in legal consequences, including termination or other legal action.

**To request a medical exception from the COVID-19 vaccination requirement:**

1. You must complete Part 1 of this form
2. Your medical provider must complete Part 2 of this form.

|  |  |
| --- | --- |
| **Part I - To Be Completed By The Employee** | |
| Employee Name | Date of Request |
| Employee ID Number | Department |
| Position/Title | |
| Employee’s Supervisor: | Telephone Number |
| **Medical or Disability Exception Request** | |
| I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability. | |
| Employee Signature | |
| Employee Name | Date |

**Copy to be provided to employee**

**PRIVACY ACT STATEMENT**

**Authority:** OSHA ETS86 FR 61402; 29 CFR 1910; 29 CFR 1915; 29 CFR 1915; 29 CFR 1917; 29 CFR 1918; 29 CFR 1926; 29 CFR 1928; 29 U.S.C ch.15 § 651 et seq or (OSH Act of 1970); 6(c)(1) of the OSH Act, 29 U.S.C. 655(c)(1); General Duty Clause, § 5(a)(1) of the OSH Act of 1970; of 42 U.S.C. ch. 126 § 12101 et seq (Americans with Disabilities Act of 1990); 42 U.S. Code § 1320d-6 (Health Insurance Portability and Accountability Act)

**Principal Purpose:** This information is being collected and maintained to promote the safety of the employing organization’s workplaces and the employing organization’s workforce consistent with the above-referenced authorities,OSHA ETS86 FR 61402, and other applicable Federal and States’ Executive Orders that may be implemented temporarily or permanently as protective measures during COVID-19 or other qualifying pandemic events intended to promote Workplace Safety established based on guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

**Routine Use(s):** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this  information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a  public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work  environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees,  experts, consultants, and others as necessary to perform their duties for the employing organization, the federal government; agencies, courts, and persons as necessary and relevant in the course of  litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

**Consequences of Failure to Provide Information:** Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form  may impact employing organization’s ability to evaluate or act upon a request for a religious exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the employing organization may result in legal consequences, including removal from employment.

|  |  |
| --- | --- |
| **Part II- To Be Completed By The Employee's Medical Provider** | |
| Employee Name: | |
| **Medical Certification for COVID-19 Vaccine Exception** | |
| Dear Medical Provider:  The [CLIENT NAME] requires its employees to be fully vaccinated against COVID-19 pursuant to 86 FR 61402 – the OSHA COVID-19 Vaccination and Testing Emergency Temporary Standard. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist [CLIENT NAME] in its reasonable accommodation process. If you have questions about completing this form, please contact the Human Resources Department. | |
| ***To be filled out by the employee:*** | |
| Name of Human Resources Contact: | Human Resources Telephone Number: |
| Please provide at least the following information, where applicable: | |
| 1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States. | |
| 1. A statement that the individual’s condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and | |
| 1. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine. | |
| 1. Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:   The condition described above is:   * Temporary * Permanent   If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided): | |
| Medical Provider Name: | Medical Provider Title: |
| Medical Provider Signature: | Date: |

**Copy to be provided to Medical Provider**

**PRIVACY ACT STATEMENT**

**Authority:** OSHA ETS86 FR 61402; 29 CFR 1910; 29 CFR 1915; 29 CFR 1915; 29 CFR 1917; 29 CFR 1918; 29 CFR 1926; 29 CFR 1928; 29 U.S.C ch.15 § 651 et seq or (OSH Act of 1970); 6(c)(1) of the OSH Act, 29 U.S.C. 655(c)(1); General Duty Clause, § 5(a)(1) of the OSH Act of 1970; of 42 U.S.C. ch. 126 § 12101 et seq (Americans with Disabilities Act of 1990); 42 U.S. Code § 1320d-6 (Health Insurance Portability and Accountability Act)

**Purpose:** This information is being collected and maintained to promote the safety of the employing organization’s workplaces and the employing organization’s workforce consistent with the above-referenced authorities,OSHA ETS86 FR 61402, and other applicable Federal and States’ Executive Orders that may be implemented temporarily or permanently as protective measures during COVID-19 or other qualifying pandemic events intended to promote Workplace Safety established based on guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

**Routine Uses:** While the information requested is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies, arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding employment; to contractors, grantees, or volunteers as necessary to perform their duties for the employing organization, the federal government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

**Consequence of Failure to Provide Information:** Providing this information is mandatory. Unless granted a legally required exception, all covered Federal employees are required to be vaccinated against COVID-19 and to provide documentation concerning their vaccination status to their employing agency. Unless you have been granted a legally required exception, failure to provide this information may subject you to disciplinary action, including and up to removal from employment.

Logo

Description automatically generated with low confidenceunvaccinated Employee status FORM

**Confidential Record**

Please read, check, and sign only **ONE** of the sections below:

\_\_\_\_\_\_ I am currently unvaccinated but intend to be fully vaccinated by the deadline of date. I understand the current definition of “fully vaccinated” to mean, two weeks (14 calendar days) have passed since receiving an FDA approved one-dose vaccine (Johnson & Johnson) or a second dose of an FDA approved mRNA vaccine (Moderna or Pfizer-BioNTech):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

\_\_\_\_\_\_ I am currently unvaccinated and do not intend to be vaccinated at this time. I understand this means that I may be required to provide a weekly COVID-19 test result and wear a mask when indoors at this facility:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

\_\_\_\_\_\_ I do not wish to disclose my vaccination status at this time. I understand this means that I may be required to provide a weekly COVID-19 test result and wear a mask when indoors at this facility:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) |  |  |
|  |  |  |
|  |  |  |
| Name (signature) |  | Date |

**Please submit form to an HR representative upon completion.**

**Routine Use(s):** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a  public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work  environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees,  experts, consultants, and others as necessary to perform their duties for the employing organization, the federal government; agencies, courts, and persons as necessary and relevant in the course of  litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

Logo

Description automatically generated with low confidenceEmployee Attestation of COVID-19 Vaccination Status

**Confidential Record**

I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attest that I am (check one box indicating current status)  fully vaccinated  partially vaccinated against COVID-19 and that I am unable to provide documentation as proof of my current vaccination status.

I understand the current definition of “fully vaccinated” to mean, two weeks (14 calendar days) have passed since receiving an FDA approved one-dose vaccine (Johnson & Johnson) or a second dose of an FDA approved mRNA vaccine (Moderna or Pfizer-BioNTech), and “partially vaccinated” means a second dose must still be obtained and/or 14 days have not passed since my final dose of a primary vaccine.

Please indicate the type (brand) of vaccination(s) received:

Johnson & Johnson

Moderna

Pfizer-BioNTech

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of vaccine administration. Please provide your best recollection of the dates if you are not certain:

First dose: \_\_\_/ \_\_\_/ \_\_\_\_ Second dose: \_\_\_/ \_\_\_/ \_\_\_\_ Booster: \_\_\_/ \_\_\_/ \_\_\_\_

Name of health care professional, clinic or other approved entity administering the vaccine (list all if more than one location provided the doses):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare [or certify, verify, or state] that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to legal or criminal penalties, or termination of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (signature) Date

**Please submit completed form to an HR representative upon completion**

**Routine Use(s):** While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this  information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a  public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work  environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees,  experts, consultants, and others as necessary to perform their duties for the employing organization, the federal government; agencies, courts, and persons as necessary and relevant in the course of  litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

Logo

Description automatically generated with low confidence

OSHA ETS: COVID-19 Vaccination and Testing Compliance Checklist

| **Item** | **Due date** | **Description of Item** | **Complete: yes/no** | **Comments** |
| --- | --- | --- | --- | --- |
| 1 |  | **Does the OSHA ETS apply to my organization?** Private Employers with 100 or more employees, firm-or corporate-wide; Not Covered by a state OSHA plan and for whom the Healthcare ETS or other federal vaccine mandate does not apply |  |  |
| 2 | 1/10/2021 | **Vaccination Policy-** Develop, implement, and enforce a mandatory COVID-19 vaccination policy. Or,  Establish, implement, and enforce a policy allowing employees to elect either to get vaccinated or to undergo weekly COVID-19 testing AND wear a face covering at the workplace (see policy template in ICPP appendix) |  |  |
| 3 | 1/10/2021 | **Roster and Proof of Vaccination-** Determine the vaccination status of each employee   * Obtain acceptable proof of vaccination from vaccinated employees, * Maintain records of each employee’s vaccination status * Maintain a roster of each employee’s vaccination status |  |  |
| 4 | 1/10/2021 | **Support Employee Vaccination-** Provide employees reasonable time, including up to four (4) hours of paid time, to receive each primary vaccination dose. Provide reasonable time and paid sick leave (up to 2 days per injection) to recover from any side effects experienced following each primary dose |  |  |
| 5 | 1/10/2021 | **Notice of Employee Positive Test Result -** Policy Requiring employees promptly provide notice when they receive a positive COVID-19 test or are diagnosed with COVID-19 |  |  |
| 6 | 1/10/2021 | **Remove Positive COVID-19 Employees from the Workplace-** Immediately remove from the workplace any employee, regardless of vaccination status, who received a positive COVID-19 test or is diagnosed with COVID-19 by a licensed healthcare provider, and keep the employee out of the workplace until “return-to-work” criteria are met |  |  |
| 7 | 1/10/2021 | **Training: Employee Language and Literacy Level -** Provide each employee with information, in a language and at a literacy level the employee understands about:   * The requirements of the ETS and workplace policies and procedures established to implement the ETS * Vaccine efficacy, safety, and the benefits of being vaccinated by providing the CDC document “Key Things to Know About COVID-19 Vaccines” * Protections against retaliation and discrimination * Laws that provide for criminal penalties for knowingly supplying false statements or documentation |  |  |
| 8 | 1/10/2021 | **Records Availability Process -**  Make certain records available for examination and copying to an employee (and to anyone having written authorized consent of that employee) or an employee representative |  |  |
| 9 | 2/9/2021 | **Ensure Employee COVID-19 Testing -** Each employee who has not received their final dose of a primary vaccine as of January 5th is tested for COVID-19 at least weekly (if present in the workplace at least once a week) or within seven (7) days before returning to work (if away from the workplace for a week or longer) |  |  |
| 10 | 2/9/2021 | **Face Covering-**  Ensure that each employee who is not fully vaccinated as of January 5th wears a face covering when indoors or when occupying a vehicle with another person for work purposes, with exceptions for certain limited circumstances(eating, drinking, etc.) |  |  |

**NOTE: Employers should consult the standard for full details. Read the full text of the ETS at: www.osha.gov/coronavirus/ets2**