

## Personnel

### COVID-19 Staff Vaccination

The Board of Education recognizes the significance of the health and safety of district students and families. Pursuant to Connecticut Governor Ned Lamont's September 10, 2021 Executive Order # 13G, the Board mandates that all District employees who perform work within the District's schools be vaccinated against COVID-19 unless otherwise exempt as set forth in this policy.

#### Definitions

For the purposes of this policy, the following definitions apply:

**"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.

**"District employee"** refers to all New Milford Public Schools' employees, both full and part-time, including substitutes and student teachers. This definition applies to all District staff regardless of the amount of student contact time a particular staff member may have. This definition does not apply to District volunteers.

#### Mandatory COVID-19 Vaccination

##### 1. Prospective District Employees Hired On or After September 27, 2021

On or after September 27, 2021, the District shall offer employment only to individuals who are fully vaccinated. The exceptions to this rule are as follows:

- (1) The candidate has received the first dose of the vaccine and has either received the second dose (and less than 14 days have elapsed) or has an appointment for the second dose in a two-dose series vaccination, or has received a single-dose vaccine (and less than 14 days have elapsed) and he/she undergoes weekly COVID-19 testing and submits such results to the District until such time as the he/she is fully vaccinated; or
- (2) The candidate is exempt from the vaccination requirement because the vaccine is likely to be detrimental to the individual's health or the person is exempt due to a sincerely held religious belief and he/she undergoes weekly COVID-19 testing and submits such results to the District and he/she is able to perform the essential functions of his/her job with a reasonable accommodation that is not an undue burden to the Board.

## **Personnel**

### **COVID-19 Staff Vaccination**

It shall be the responsibility of the candidate to provide proof of vaccination or to obtain and provide documents in support of his or her entitlement to any exemption. Decisions regarding exemptions shall be determined on a case-by-case basis.

The failure to meet any of these conditions will result in the candidate not being offered a position of employment.

The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

#### **2. Existing District Employees and Those Hired Prior to September 27, 2021**

On or after September 27, 2021, all non-exempt employees must be fully vaccinated against COVID-19 in order to maintain employment with the New Milford Public Schools unless:

- (1) The employee has received the first dose of the vaccine and has either received the second dose (and less than 14 days have elapsed) or has an appointment scheduled to obtain the second dose in a two-dose series vaccination, or has received a single-dose vaccine (and less than 14 days have elapsed) and undergoes weekly COVID-19 testing and submits such results to the District; or
- (2) The employee is exempt from the vaccination requirement because the vaccine is likely to be detrimental to the individual's health or the person is exempt due to a sincerely held religious belief and the employee undergoes weekly COVID-19 testing and submits such results to the District and the employee is able to perform the essential functions of his/her job with a reasonable accommodation that is not an undue burden to the Board; or
- (3) The employee undergoes weekly COVID-19 testing and submits such results to the District.

It shall be each employee's responsibility to provide proof of vaccination or to obtain and present documents in support of his or her entitlement to any exemption. Decisions regarding exemptions shall be determined on a case-by-case basis.

## **Personnel**

### **COVID-19 Staff Vaccination**

Employees who fail to comply with the above provisions will not be permitted to report to work or to enter into any school building or District facility. In addition, failure to produce proof of vaccination or weekly testing results will render employees ineligible for continued employment.

The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

### **Acceptable Proof of Vaccination**

Employees may demonstrate proof of vaccination by providing a copy of any one of the following categories of documentation plus a signed declaration of authenticity as described below:

1. A valid CDC Vaccination Card, which must contain the employee's name and date of birth, along with the manufacturer of (and date on which) the vaccine that was administered;
2. A record from the individual's vaccine provider providing the same information listed in #1, above;
3. A certificate from the Vaccine Administration Management System ("VAMS"), if the individual received vaccination through the VAMS system, providing that same information, or
4. A copy of the individual's official immunization record from the Connecticut Immunization Information System, (CT WiZ. State Immunization Information Record) providing that same information.
5. Other documentation prescribed by the Connecticut Commissioner of Public Health.

In addition, such documentation will not be deemed valid unless accompanied by the individual's signed declaration as to the authenticity of their proof of vaccination (including any copies of such records submitted). The School will provide you with access to the declaration form to be used. Appendix A from "*Implementation Guidance for Executive Order 13G*" from Department of Public Health ("DPH"), dated 9/17/21.

Personal attestation (without the required documents) will not be accepted as an acceptable form of proof of a COVID vaccination.

## Personnel

### COVID-19 Staff Vaccination

#### Exemptions to COVID-19 Vaccination Requirement

##### 1. Medical/Disability

District employees seeking to be excused from receiving the COVID-19 vaccination because the administration of COVID-19 vaccine is likely to be detrimental to the individual's health must request a medical exemption from Executive Order 13G's vaccination mandate via a form complying with the "Implementation Guidance for Executive Order 13G" (Appendix B) that is signed by that individual's physician (MD or DO), physician's assistant, or advance practice nurse practitioner. The District shall keep such documentation confidential to the extent permitted by law.

The Superintendent or his or her designee shall engage in discussion with the employee and make an individualized assessment as to whether the employee (if unvaccinated) will expose others to the virus or otherwise pose a direct threat to safety and health of the school community, based upon the following considerations:

- the duration of the exposure to others;
- the nature and severity of the potential harm from exposure;
- the likelihood that this potential harm will occur; and
- the imminence of this potential harm.

If the Superintendent determines that the unvaccinated employee poses such a direct threat to the school community, the Superintendent will consider whether there are reasonable accommodations or mitigation efforts (absent undue hardship) that would eliminate or reduce the risk such that the unvaccinated employee will not pose a direct threat to others. Such measures may include but not be limited to greater isolation/social distancing and the use of enhanced personnel protective equipment, (for example, face shields worn in addition to masks), provided that they do not constitute an undue hardship to the District.

If the unvaccinated employee poses a direct threat that cannot be reduced to an acceptable level, the Superintendent may exclude the employee from physically entering any District schools or facilities. Such an employee may take, or be required to take, available leave pursuant to the terms of: 1. Any applicable collective bargaining agreement or individual contract of employment; 2. Any applicable Board policies, or; 3. Any applicable state or federal statutory provision such as the Americans with Disabilities Act ("ADA") or the Family and Medical Leave Act ("FMLA").

## Personnel

### COVID-19 Staff Vaccination

In making the above-described determinations, the Superintendent shall consult with local health authorities, and may consider the following factors, amongst others: 1. The general community (and workplace) spread of the virus; 2. The nature of the employee's worksite, including the risk of exposing students, fellow District employees or other school community members to the virus; 3. The prevalence in the workplace of District employees who have already received a COVID-19 vaccination and the amount of contact with third parties, whose vaccination status may be unknown, and; 4. The availability and likely effectiveness of preventative measures.

#### 2. Religious Practice or Belief

Individuals who object to vaccination on the basis of a sincerely held religious or spiritual belief may request an exemption from Executive Order 13G's vaccination mandate by using an exemption request form provided by the District to the Superintendent; Appendix C from "Implementation Guidance for Executive Order 13G"; along with any supporting documentation as may be requested by the Administration.

The Superintendent or his or her designee shall engage in discussion with the employee and make an individualized assessment as to whether the employee (if unvaccinated) will expose others to the virus and thus pose a direct to the safety and health of the school community, based upon the factors described above.

If the Superintendent determines that the unvaccinated employee poses a direct threat to the school community, the Superintendent will consider whether there are reasonable accommodations or mitigation efforts (absent undue hardship, i.e., more than a *de minimis* cost or burden on the District) that would eliminate or reduce this risk so that the unvaccinated employee does not pose a direct threat to others. Such measures may include but are not limited to include greater isolation/social distancing and use of enhanced personnel protective equipment (for example, face shields in addition to masks), provided they do not impose an undue hardship on the District.

If the unvaccinated employee poses a direct threat that cannot be reduced to an acceptable level, the Superintendent may exclude the employee from physically entering the worksite. Such an employee may take, or be required to take, available leave pursuant to the terms of: 1. Any applicable collective bargaining agreement or individual contract of employment; 2. Any applicable Board policies, or; 3. Any applicable state or federal statutory provisions.

## Personnel

### COVID-19 Staff Vaccination

In making the above-described determinations, the Superintendent shall consult with local health authorities, and may consider the following factors, amongst others: 1. The general community (and workplace) spread of the virus; 2. The nature of the employee's worksite, including the risk of exposing students, fellow District employees or other school community members to the virus; 3. The prevalence in the workplace of District employees who have already received a COVID-19 vaccination and the amount of contact with third parties, whose vaccination status may be unknown, and; 4. The availability and likely effectiveness of preventative measures.

#### 3. Weekly Testing

District employees who are not fully vaccinated by September 27, 2021, must obtain weekly testing for COVID-19 and present the results of such tests to the District. This requirement applies to District employees who are exempt from vaccination pursuant to the disability and religious practice or belief exemptions described above as well as any other District employees who were hired prior to September 27, 2021 and who are not fully vaccinated by September 27, 2021. Pursuant to Executive Order 13G, employees hired on or after September 27, 2021 do not have a COVID-19 testing option unless they apply for and are approved for an exemption or have received the first dose of the vaccine but are not yet fully vaccinated. The only exemption to this testing requirement is for situations where employees can provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days, using a District-approved form for such purpose. An individual granted a temporary waiver from SARS-CoV-2 testing must return to regularly weekly testing at the expiration date indicated on the waiver form if they are not fully vaccinated by that date.

The procedures for submission of testing results shall be determined by the Superintendent or his or her designee. It shall be the responsibility of the District employee to obtain such testing at his or her cost. Employees are expected to obtain such testing outside of regular working hours. The New Milford Public Schools shall not pay for the costs associated with weekly COVID-19 testing.

Such testing must be either PCR or antigen SARS-CoV-2 tests and must be 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. Only test results submitted to the District within 72 hours of the test administration date will be deemed compliant with the testing requirement. Test result reports should include the name and location of the testing laboratory or provider facility, the name of the person tested, the date the sample was collected, and the test result. Please note: Home-based testing and results obtained outside of the above listed types of facilities are not considered adequate proof of a test.

## **Personnel**

### **COVID-19 Staff Vaccination**

Weekly testing results along with proof of vaccination shall be maintained by the District as confidential employee medical information and only disclosed to District staff on a need to know basis.

### **Compliance and Discipline**

District employees who fail to comply with the above provisions will not be permitted to report to work or to enter into any school building or District facility. In addition, failure to produce proof of vaccination or weekly testing results will render New Milford Public School employees ineligible for continued employment with the District. Accordingly, such employees may be subject to discipline, up to and including termination of employment. Any District employee who knowingly provides false or misleading information to the District regarding his or her vaccination status, eligibility or qualification to receive the vaccine, and/or in connection with a request for a reasonable accommodation, will be subject to discipline, up to and including termination of employment.

Employees who are subject to testing due to not being fully vaccinated will not be permitted to report to work or to enter into any school building or District facility unless the most recent test result provided is “negative” or indicate 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 7 days of their last negative test, then that individual should be excluded from on-site work until they can provide a negative test result.

### **Confidentiality of Medical Information**

District employee vaccination information, weekly testing results and other medical information will be kept confidential as required by law. The District will maintain the confidentiality of such information to the most reasonable extent possible, in compliance with applicable laws and regulations, including but not limited to the Americans with Disabilities Act and Title VII of the Civil Rights Act, as may be applicable. If necessary, medical information may be shared in limited circumstances and subject to appropriate controls to those persons who have a legitimate need to know including but not limited to District administration, first aid and safety personnel, and government officials, as required by law or other relevant guidance.

## Personnel

### COVID-19 Staff Vaccination

#### District Contractors

Vaccination: On and after September 27, 2021, contractors must 1) authenticate the vaccination status of its contract workers, 2) maintain documentation of vaccination or exemption of such contract workers, and 3) provide such documentation upon request and report compliance to the District upon request in a form and manner directed by the Department of Public Health.

Testing: On and after September 27, 2021, contractors must 1) implement a policy that requires their contract workers who have not demonstrated proof of full vaccination to submit to COVID-19 testing not less than once per week on an ongoing basis until fully vaccinated and 2) 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 Public Health. The Department of Public Health may promulgate a policy and procedures for limited-duration waivers of the testing requirements contained herein.

#### LEGAL REFERENCES

Governor Lamont's Executive Order # 13G, dated September 10, 2021

*Frequently Asked Questions Regarding Vaccinations for Covered Workers in Schools*, Connecticut State Department of Education Guidance dated August 25, 2021

*Implementation Guidance for Executive Order 13G*, Connecticut State Department of Public Health, dated September 17, 2021

*Jacobson v. Massachusetts*, 197 U.S. 11 (1905)

*What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*, Equal Employment Opportunity Commission (December 16, 2020)

42 U.S.C. 2000ff, Genetic Information Nondiscrimination Act of 2008

42 U.S.C. 2000e, *et seq.*, Title VII of the Civil Rights Act of 1964, as amended

42 U.S.C. 12101, *et seq.*, Americans with Disabilities Act of 1990, as amended

Cf. Connecticut General Statutes §10-210

Cf. Connecticut General Statutes §10-204a

Policy adopted: September 21, 2021

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NEW MILFORD PUBLIC SCHOOLS

New Milford, Connecticut



**NEW MILFORD PUBLIC SCHOOLS**  
**BOE POLICY 4300**  
**APPENDIX A**  
**DECLARATION ATTESTING TO THE AUTHENTICITY OF AN**  
**INDIVIDUAL'S COVID-19 VACCINATION RECORD**

**COVID-19 Vaccination Record Declaration**

Pursuant to Executive Order No. 13G, all District employees ("covered workers"), and any contract workers who work in District schools on more than a one-time or limited duration basis 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 reasons of medical contraindication or firmly held religious or spiritual belief. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G to verify their vaccine status must also include 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 the individual(s) designated by the facility to receive these forms.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

You can submit your information to [hr@newmilfordps.org](mailto:hr@newmilfordps.org). Please include proof of vaccination. Even if you are only partially vaccinated, please include that information as well.

Your signature below indicates agreement with the following statement:

*I declare and attest that the attached official record 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 covered state agency, school board, child care facility, 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. SEC. 1017;*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NEW MILFORD PUBLIC SCHOOLS**  
**BOE POLICY 4300**  
**APPENDIX B**  
**MEDICAL/DISABILITY VACCINATION EXEMPTION FORM**

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

1. Is able to perform their essential functions with a reasonable accommodation that is not an undue burden to on the facility;
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 and/or disability-based exemption and/or accommodation related to the Board’s COVID-19 mandatory vaccination policy, please complete Part 1 and Part 2 of this form, have your physician, physician’s assistant or advanced practice registered nurse complete Part 3, and return this fully completed form to **Human Resources Office, attention Catherine Gabianelli**. This information will be used by the Board to determine whether you are eligible for a medical and/or disability-based exemption and/or accommodation, and if so, to determine the reasonable accommodation(s) which can be provided that would enable you to perform the essential functions of your position without posing a threat to the health and safety of others in the workplace. If you refuse to provide such information, your refusal may impact the Board’s ability to adequately respond to your request or to effectively identify possible accommodations, which could lead to suspension or termination of employment in the event that you refuse to be vaccinated.

**Please note, submitting this request does not guarantee approval of the exemption. All exemption and/or accommodation requests shall be considered on a case-by-case basis. You will be notified in writing if your request for exemption and/or accommodation has been granted.**

**Part 1 – To be Completed by Employee:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Initial next to all of the statements below indicating that you have read and understand each statement:**

	I am aware that COVID-19 is a highly contagious respiratory virus that can cause long-term medical issues up to and including death. I am aware of the risks and benefits of the COVID-19 vaccine. I request exemption from immunization requirements for the reason(s) described by my healthcare provider in part 2 of this form. I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the District for workplace exposure to COVID-19.
	I understand and agree that if my request for exemption from the COVID-19 vaccination requirement is granted that I will be required to obtain and submit to the District weekly COVID-19 testing results in accordance with Board Policy # 4300 and any other applicable District protocols. Such testing shall be at my own cost unless the testing must be undertaken as part of a reasonable accommodation.
	I understand and agree to comply with and abide by all Board and/or District COVID-19 workplace policies, procedures, and protocols as they may be amended from time to time, including additional precautions that may be required as a result of my exemption.
	I understand that the District is not required to provide workplace accommodations if doing so would pose a direct threat to myself or others in the workplace or would impose an undue hardship on the District.
	Should I be exposed to or contract COVID-19, I will immediately report it to the administration and comply with the isolation and quarantine procedures as directed.

**Please review the following acknowledgement and sign and date in the space provided below.**

### **ACKNOWLEDGEMENT**

I hereby certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Board.

By completing this form, I am declaring that my medical provider has informed me that it is not medically advisable for me to receive the COVID-19 vaccine. I acknowledge that if an exemption is approved, I may be reassigned to a different work location or job duties at the discretion of management (please note that reassignment is not guaranteed, and District needs will be considered at all times).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 2 – To be Completed by Employee:**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

I hereby authorize my medical provider(s) \_\_\_\_\_ to release the below information from my patient file to the New Milford Public Schools [“the District”] for the purpose of permitting the District to determine whether I should be exempted from the District’s mandatory COVID-19 vaccination policy and/or to determine whether I should be provided with any reasonable accommodations that do not impose an undue hardship on the District. I further consent to District employees and/or representatives of the District communicating with the above-named medical provider(s) in connection with my request for a medical exemption from the District’s mandatory COVID-19 vaccination requirement. I understand that such medical provider(s) is authorized to exchange with the District health/medical information related to my request for a medical and/or disability-based exemption from the COVID-19 vaccination requirement. 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 Signature

\_\_\_\_\_  
Date

**Part 3 – To Be Completed by Employee’s Physician, Physician’s Assistant or Advanced Practice Registered Nurse**

Patient Name: \_\_\_\_\_

Attention Medical 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.

The New Milford Public Schools requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement under the Governor’s Executive Order No. 13G. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

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/covid19/clinical-considerations/covid-19-vaccines-us.html>.

Please complete the form below to enable the District to determine whether the above-named employee should be exempted from the COVID-19 vaccination requirements and/or if the above-named employee should be provided with any additional accommodations that do not impose an undue hardship on the Board. Should you have any questions, please contact New Milford Public Schools Human Resources Director Catherine Gabianelli at 860-210-2200. Thank you.

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**

As per the Connecticut Department of Public Health, *Implementation Guidance for Executive Order No. 13G* (September 17, 2021), 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

COVID-19 Vaccines included in exemption	Exemption Duration	ACIP Contraindications and Precautions (Check all that apply)
<input type="checkbox"/> Pfizer mRNA vaccine  <input type="checkbox"/> Moderna mRNA vaccine  <input type="checkbox"/> Janssen/ J&J viral vector vaccine	<input type="checkbox"/> Temporary through: _____ / _____ mm/ yyyy  <input type="checkbox"/> Permanent	<p><b>Contraindications</b></p> <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  <p><b>Precautions</b></p> <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.

Patient Name: \_\_\_\_\_

**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.

**The employee named above is able to implement the following measures as an accommodation:** wearing a face mask regardless of whether there is a state- or municipal -imposed mask mandate, working at a social distance from co-workers and students, working a modified shift, accepting a reassignment, participating in contact tracing, quarantining, and/or abiding by restricted access to facilities.

- Yes to all
- No to all or the following measure(s): \_\_\_\_\_

**If you checked “No to all or the following measure(s),” please (1) explain the medical basis for the objection to the proposed accommodation measure(s) and (2) propose alternative measures:**

*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: \_\_\_\_\_



**NEW MILFORD PUBLIC SCHOOLS**  
**BOE POLICY 4300**  
**APPENDIX C**  
**RELIGIOUS OR SPIRITUAL BELIEF**  
**VACCINATION EXEMPTION FORM**

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely held religious or spiritual beliefs and practices. In such cases, the facility may allow the individual to continue to perform their job functions if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
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

A "sincerely held religious or spiritual belief":

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

To request a sincerely held religious or spiritual belief-based exemption to the Board's COVID-19 mandatory vaccination policy, please provide the information requested and return this fully completed form (Parts 1, 2 and 3) to **Human Resources Office, attention Catherine Gabianelli**, so that the District may evaluate your request for an exemption. If you refuse to provide such information, your refusal may impact the District's ability to adequately respond to your request or to effectively identify possible accommodations, which could lead to suspension or termination of employment in the event that you refuse to be vaccinated.

**Please note, submitting this request does not guarantee approval of the exemption. You will be notified in writing if the exemption has been granted. If the information provided does not support that an exemption should be granted then you will need to be vaccinated against COVID-19 or obtain COVID-19 testing and provide the results of such testing to the District on a weekly basis.**

## Part 1 – Employee Acknowledgements

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Initial next to all of the statements below indicating that you have read and understand each statement:**

	I am aware that COVID-19 is a highly contagious respiratory virus that can cause long-term medical issues up to and including death. I am aware of the risks and benefits of the COVID-19 vaccine. I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the District for workplace exposure to COVID-19.
	I understand and agree that if my request for exemption from the COVID-19 vaccination requirement is granted that I will be required to obtain and submit to the District weekly COVID-19 testing results in accordance with Board Policy # 4300 and any other applicable District protocols. Such testing shall be at my own cost unless the testing must be undertaken as part of a reasonable accommodation.
	I understand and agree to comply with and abide by all Board and/or District COVID-19 workplace policies, procedures, and protocols as they may be amended from time to time, including additional precautions that may be required as a result of my exemption.
	I understand that the District is not required to provide workplace accommodations if doing so would pose a direct threat to myself or others in the workplace or would impose an undue hardship on the District.
	Should I be exposed to or contract COVID-19, I will immediately report it to the administration and comply with the isolation and quarantine procedures as directed.

## Part 2 – Religious or Spiritual Beliefs

For consideration of exemption from the Board’s COVID-19 immunization policy please fully answer the following questions. At any time, the District reserves the right to request additional supporting documentation or other information as it deems necessary in its sole discretion.

1. Please describe the religious beliefs that are the basis for your request for religious accommodation from the COVID-19 vaccine:

2. Do your religious beliefs lead to you to object to:

- |    |                               |           |          |
|----|-------------------------------|-----------|----------|
| a. | All medical treatment         | _____ yes | _____ no |
| b. | All vaccinations              | _____ yes | _____ no |
| c. | Only the COVID-19 Vaccination | _____ yes | _____ no |

3. Explain how your sincerely held religious belief, practice or observance conflicts with the COVID-19 vaccination requirement. If you are not opposed to all vaccinations, but only the COVID-19 vaccination, please explain how your religious beliefs prevent you from only receiving the COVID-19 vaccine.

4. Have you received immunizations in the past? \_\_\_\_\_ Yes or \_\_\_\_\_ No

**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 prevents you from receiving the COVID-19 vaccine:

### Part 3 – Employee Acknowledgment

**Please review the following acknowledgement and sign and date in the space provided below.**

I hereby certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the District.

By completing this form, I am declaring that my sincerely held religious or spiritual belief prevents me from accepting the COVID-19 vaccine. I acknowledge that if an exemption is approved, I may be reassigned to a different work location or job duties at the discretion of management (please note that reassignment is not guaranteed, and District needs will be considered at all times).

***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 further acknowledge that if your request is approved, you will receive a religious or spiritual exemption from receiving the COVID-19 vaccine and will be required to comply with the testing requirement set out in Executive Order No. 13G. You also acknowledge that you have read the CDC Covid-19 Vaccine Information, which can be found via the link provided here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>. You also certify that you 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.***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW MILFORD PUBLIC SCHOOLS**  
**BOE POLICY 4300**  
**APPENDIX D**  
**DECLARATION ATTESTING TO THE AUTHENTICITY OF AN**  
**INDIVIDUAL'S COVID-19 TESTING RESULTS**

**COVID-19 Test Results Declaration**

Pursuant to Executive Order No. 13G, all District employees ("covered workers"), and any contract workers who work in District schools on more than a one-time or limited duration basis who are not fully vaccinated against COVID-19 by September 27, 2021, and who cannot provide documented proof of COVID-19 infection in the prior 90 days, are required to submit "adequate proof of the results" of COVID-19 testing to the District on a weekly basis. Individuals submitting test results to the District must submit a copy of this declaration of authenticity form along with their test results.

Please fill out the information below and submit this form in the same manner as your weekly test results.

Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

You can submit your information to [hr@newmilfordps.org](mailto:hr@newmilfordps.org).

Your signature below indicates agreement with the following statement:

*I declare and attest that the attached SARS-CoV-2 test results report was collected on the Test Date listed above and complies with all of the conditions required in Section III (Reporting Requirements) of the Implementation Guidance for Executive Order No. 13G. I attest that the information included in the test results report is true, to the best of my knowledge. I understand that the submission of false information to a covered state agency, 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.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW MILFORD PUBLIC SCHOOLS**  
**BOE POLICY 4300**  
**APPENDIX E**  
**TEMPORARY WAIVER FROM WEEKLY COVID-19 TESTING**  
**REQUIREMENT ON THE BASIS OF PRIOR INFECTION**

**COVID-19 Test Results Declaration**

Pursuant to Executive Order No. 13G, all District employees, and any contract workers who work in District schools on more than a one-time or limited duration basis who are not fully vaccinated against COVID-19 by September 27, 2021, and who cannot provide documented proof of COVID-19 infection in the prior 90 days, are required to submit “adequate proof of the results” of COVID-19 testing to the District on a weekly basis. Exempted from this requirement are District employees who have experienced a documented COVID-19 infection within the past 90 calendar days. 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.

To request a waiver on the basis of prior COVID-19 infection, please have your healthcare provider complete the information starting on page 2. You and your healthcare provider must attest to the accuracy of the information provided. Once the form is completed, please submit it to Human Resources Director Catherine Gabianelli.

**EMPLOYEE INFORMATION**

Please fill out the information below and submit the remainder of this form to your healthcare provider:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## 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.

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### 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 accord 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: \_\_\_\_\_