

Organizational Standard on COVID-19 Vaccination

Standard Name	Organizational Standard on Mandatory COVID-19 Vaccination
Standard Number	08-Pending-00
Standard Category	Operational Standard
Effective Date	8/02/2021
Standard Owner	Operations
Review Frequency	Annually or with changes in regulations/pandemic status

SCOPE

This standard addresses the mandating COVID-19 vaccination for all Teammates.

STANDARD STATEMENT

In accordance with Forefront Living's goal to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our Teammates and their families; our residents and visitors; and the community at large from infectious diseases, such as COVID-19, that may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

Guideline

All Teammates are required to be vaccinated against COVID-19 by October 1, 2021, unless a reasonable medical or religious accommodation is approved. Teammates requesting an exemption from this policy due to a medical condition or a sincerely held religious belief must complete a Request for Accommodation form in accordance with this policy by August 9, 2021

Teammates hired after August 2, 2021, will have 60 days to complete the vaccination process from their date of hire. Teammates will provide frequent status updates to Human Resources. All Teammates must be fully vaccinated against COVID-19 unless a medical or religious exemption has been approved. Teammates not in compliance with this policy will be placed on unpaid leave until the human resources department determines their employment status.

Forefront Living will pay for all vaccinations. When not received in-house, vaccinations should be run through Teammates' health insurance where applicable and otherwise be submitted for reimbursement.

All Teammates will be paid for the time taken to receive vaccinations. For offsite vaccinations, Teammates must work with their managers to schedule an appropriate time to comply with this policy.

Before the stated deadlines to be vaccinated have expired, Teammates will be required to provide either proof of vaccination or an approved reasonable accommodation to be exempted from the requirements.

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Reasonable Accommodation

Teammates requesting an exemption from this policy due to a medical condition or a sincerely held religious belief must submit a completed Request for Accommodation form to the Human Resources department to begin the interactive accommodation process as soon as possible. Accommodations may be granted where they do not cause Forefront Living undue hardship or pose a direct threat to the health and safety of others.

Teammates granted accommodations will work with human resources and their supervisor to determine appropriate personal protective equipment needed or other accommodations, based on their job description. At a minimum, unvaccinated Teammates will be required to wear face masks at all times and social distance during meals when a face mask cannot be worn. These requirements will be revisited based on CDC guidelines and regulatory requirements.

Approved exemptions will only be valid for the year in which they were requested and/or the period for which the exemption is approved, or the reason for the exemption persists. For example, if an exemption request is submitted and approved due to pregnancy, the Teammate will be required to complete a new Request for Accommodation form after the Teammate is no longer pregnant. Currently, exemptions for any or all future years will require completion and submission of a Request for Medical/Religious Accommodation from COVID-19 Vaccination form each year an exemption is requested.

Reference Information											
Related Standards links											
Guideline Links	COVID-19 Vaccination										
Form Links	Request for Accommodation – Medical Request for Accommodation - Religious										
References	https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html										
Regulatory References	OSHA Act: Section 5(a)(1) – Standard Numbers: 1910.132 1910.134 1910.141 1910.145 1910.1020										
Related Documents	COVID-19 Policy										
Policy History	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Effective Date: _____</td> <td style="width: 50%;">Officer Signature: _____</td> </tr> <tr> <td>Rev. Date: _____</td> <td>Officer Signature: _____</td> </tr> <tr> <td>Rev. Date: _____</td> <td>Officer Signature: _____</td> </tr> <tr> <td>Rev. Date: _____</td> <td>Officer Signature: _____</td> </tr> <tr> <td>Rev. Date: _____</td> <td>Officer Signature: _____</td> </tr> </table>	Effective Date: _____	Officer Signature: _____	Rev. Date: _____	Officer Signature: _____	Rev. Date: _____	Officer Signature: _____	Rev. Date: _____	Officer Signature: _____	Rev. Date: _____	Officer Signature: _____
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Request for Medical Accommodation for Exemption from Vaccination

To request an exemption from required vaccinations, please complete Section 1 below and have your physician complete Section 2 on the following page before returning the form to Human Resources.

Section 1 (to be completed by Teammate)

Teammate Information

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical accommodation exempting me from Forefront Living’s COVID-19 Vaccination Policy due to the medical reason(s) set forth in my physician’s Certification which is attached. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand any falsified information may lead to disciplinary action, up to and including termination. I further understand Forefront Living is not required to provide this accommodation if doing so would cause an undue hardship to Forefront Living.

I also understand Forefront Living requires supporting documentation regarding my medical reason from my physician, and I have attached a true and correct copy of my physician’s Certification verifying his or her recommendation that I refrain from receiving the COVID-19 vaccine at this time.

Teammate Signature:	Date:
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Section 2 (to be completed by Physician)

Medical Certification for COVID-19 Vaccination Exemption

Teammate Name: _____

Dear Physician,

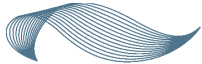
Forefront Living is requiring its Teammates to be vaccinated against COVID-19. The individual named above is seeking an exemption to this requirement for medical reasons.

Please complete this form to assist Forefront Living in its consideration of the Teammate's request for a medical accommodation to allow the Teammate to refrain from being vaccinated at this time.

<p>The person named above should not receive the COVID-19 vaccine due to the following medical reason(s):</p>
<p>This exemption should be:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true and accurate with respect to the above-named Teammate.

Physician Name (print):	
Physician Signature:	Date:
Practice Name & Address:	Physician's Phone:



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JULY 30, 2021

LAST SAVED:

**Determination on Request for Accommodation: Medical Exemption from Vaccination
(Attach to Request for Accommodation)**

FOR HR USE

Teammate Name: _____

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, are there appropriate alternative accommodations? (list in order of preference):

1. _____

2. _____

3. _____

Date discussed with Teammate: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Human Resources Representative: _____ Date: _____

Request for Religious Accommodation for Exemption from Vaccination

To request an exemption from required vaccinations, please the below and return the form to Human Resources.

Teammate Information

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting an accommodation with regard to Forefront Living’s COVID-19 Vaccination Policy due to my sincerely held religious beliefs or practices as described below. I verify the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand Forefront Living is not required to provide this accommodation if doing so would cause an undue hardship to Forefront Living.

I also understand Forefront Living may need to obtain additional information or supporting documentation in order to evaluate this request.

Describe the religious belief or practice that necessitates this request for accommodation:

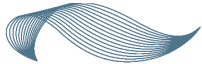
Length of time the accommodation is needed: _____

Teammate Signature:	Date:
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JULY 30, 2021

LAST SAVED:

**Determination on Request for Accommodation: Religious Exemption from Vaccination
(Attach to Request for Accommodation)**

FOR HR USE

Teammate Name: _____

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, are there appropriate alternative accommodations? (list in order of preference):

1. _____

2. _____

3. _____

Date discussed with teammate: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Human Resources Representative: _____ Date: _____