



## COVID-19 VACCINATION STATEMENT

As mandated by the [Centers for Medicare & Medicaid Services \(CMS\)](#), COVID vaccination is required for all Neil Kennedy Recovery Center (NKRC) employees, practitioners, students, trainees, volunteers, or any other individual who provides care, treatment, or other services for NKRC and/or its patients or residents, under contract or by other arrangement. This CMS mandate is required in order to contract with Medicaid.

### Vaccination Requirements & Effective Dates

Consistent with federal requirements, including the Centers for Medicare & Medicaid Services vaccination requirements, NKRC must now require that all individuals who provide care, treatment, or other services receive an FDA authorized and/or approved COVID-19 vaccination. This Policy will take effect immediately. Subject to religious or medical accommodation exemptions, all volunteers must receive the second of a two-dose COVID vaccine **on or before February 28, 2022**.

### Proof of Vaccination

Volunteers must provide confirmation of vaccination in the form of one of the following:

- A copy of the CDC COVID-19 Vaccination Record Card (or legible photo of the card);
- Documentation of vaccination from a health care provider or electronic health record;
- A copy of immunization records from a public health, state, or tribal immunization information system; or
- A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine.

Volunteers must submit proof of vaccination to Amy Metz, [amy.metz@gatewayrehab.org](mailto:amy.metz@gatewayrehab.org), prior to starting volunteer hours.

### Requests for Accommodations

Absent an undue hardship, NKRC will consider volunteers' requests for accommodations (e.g., deferral of or exemption from the vaccination requirement) for volunteers who: 1) are unable to be vaccinated because of recognized clinical contraindications to COVID-19 vaccines, 2) require an accommodation due to a disability, or 3) object to COVID-19 vaccination based on a sincerely held religious belief, observance, or practice.

Volunteers requesting deferral or exemption must complete the applicable accommodation form at the end of this document and submit to [amy.metz@gatewayrehab.org](mailto:amy.metz@gatewayrehab.org).

**Failure to Comply or Cooperate with This Policy**

Failure to comply or cooperate with this Policy, and/or submitting false or misleading information to NKRC may result in disciplinary action, up to and including termination of volunteer status.

*NOTE: Before receiving a COVID-19 vaccine (including a second shot or booster shot), individuals should consult with their healthcare provider. Although vaccination status may have volunteer implications, the decision to be vaccinated, and which vaccine to receive, is still a choice that individuals should make in consultation with their medical provider after reviewing all the available information.*

**COVID 19 Vaccination Accommodation Form**

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_

I understand that Neil Kennedy Recovery Center is currently requiring volunteers who work on site to be fully vaccinated from COVID 19 unless they are eligible and approved for an accommodation. By completing this form, I am requesting to receive an accommodation from the COVID-19 vaccination requirement. I understand that if I am approved for an accommodation, it is subject to change at any time as the law, guidance, risks and circumstances surrounding COVID-19 continue to change, any of which may impact the burden of the accommodation. I also understand that as part of any accommodation, I may need to take additional safety precautions, and that these also may change from time to time depending on the current risks, exposure and level of transmission of the virus, among other things.

I am requesting an accommodation from the COVID 19 Vaccination requirement for the following reason(s):

- My healthcare provider has recommended that I not receive any of the available COVID-19 vaccines due to a medical condition.
- My healthcare provider has recommended that I not receive any of the available COVID-19 vaccines due to a medical contraindication, such as an allergy.
- My healthcare provider has recommended that I not receive any of the available COVID-19 vaccines due to pregnancy, breastfeeding or related medical conditions.
- I have a sincerely held religious belief that conflicts with the COVID-19 vaccination requirement. Below is an explanation of my belief and how it conflicts with the ability to be vaccinated.

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

I verify that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that additional information may be requested supporting the need for my request and veracity of my request. I also understand that my request for an accommodation may not be granted if it is not reasonable or if it would impose an undue hardship and that the Company may request additional information or documentation to support or verify my request. I agree that if my medical condition (or other circumstances) change and I am able to receive the vaccination in the future, I will notify Amy Metz, [amy.metz@gatewayrehab.org](mailto:amy.metz@gatewayrehab.org). I acknowledge that I have read and fully understand the information on this form. I understand that this form must be submitted with the healthcare provider certification unless the only basis for my request is a sincerely held religious belief.

\_\_\_\_\_

Volunteer Signature

Date

**COVID 19 Vaccination Accommodation Healthcare Provider Certification Form**

**To be completed by your Healthcare Provider (unless only requesting an accommodation due to a conflicting religious belief):**

Neil Kennedy Recovery Center currently requires Covid-19 vaccination of its volunteers. Before completing this form, please review the note below prohibiting the disclosure of genetic information. The Company may need additional information, which it may request at a later date supporting any accommodation request. Should you have any questions, please contact Terri Testa- VP- Human Resources at x1135. Thank you.

\_\_\_\_\_ (Volunteer's Name) is under my care and it is my professional opinion that the physical condition of the person or medical circumstances relating to the person are such that COVID-19 vaccination under any of the currently available vaccines is not currently considered safe.

_____	_____
Healthcare Provider Signature	Date
_____	_____
Healthcare Provider Printed Name	Healthcare Provider Practice Area/Specialty
_____	
_____	

Telephone Number/Address

**A Note to Health Care Providers Assisting Our Employees:**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, you should not gather or provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.