



## COVID 19 Vaccination and Face Covering Policy

### SCOPE

This policy applies to all Washington Technology University personnel and students.

### POLICY STATEMENT

COVID-19 vaccines have been proven to be safe and effective at reducing the risk of becoming infected with SARS-CoV-2 (the coronavirus that causes COVID-19), in preventing serious illness and death in those who develop COVID-19, and in limiting the spread of COVID-19. 1. To protect the health and safety of the University campus community and the public, the University requires University personnel and students to be fully vaccinated against COVID-19 with an authorized vaccine unless an individual has declared an authorized exemption.

Face coverings (masks) are an effective way to reduce the transmission of COVID-19. To protect the health and safety of the University campus community and the public, face coverings are required to be worn at Washington Technology University, regardless of vaccination status: indoors when other people are present, and in all public and common areas, such as lobbies, hallways, stairways, restrooms, and elevators.

### DEFINITIONS

*Authorized exemption:* A waiver from the vaccination requirement for medical or religious reasons as defined below

*Authorized vaccine:* FDA-authorized or World Health Organization-authorized vaccine

*Fully vaccinated:* For purposes of this policy, a person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine authorized for use by the FDA (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose COVID-19 vaccine authorized by the FDA (e.g., Johnson & Johnson/Janssen). This includes emergency use authorization. A person is fully vaccinated against COVID-19 two weeks after they have received all recommended doses of a COVID-19 vaccine that is listed for use by the World Health Organization (WHO).

*Medical exemption:* A waiver from the vaccination requirement on the basis that a medical reason has been evaluated by a personal health care provider and it was determined that an individual has a medical contraindication to receiving a COVID-19 vaccine.

*Religious exemption:* A waiver from the vaccination requirement on the basis that it conflicts with sincerely held religious beliefs.

## EXCLUSIONS

Certain University personnel and students are excluded from the vaccination requirements of this policy (Policy Statements 1 to 6) on the basis of their relationship with the University. University personnel or students excluded from the vaccination requirements are required to adhere to all other University health and safety policies when visiting the WTU campus, including the face covering requirements (Policy Statements 7 and 8) of this policy. To be considered excluded, personnel and students must fall into one of these categories:

- A. An employee who works outside of the state of WA and is in a state where a vaccine requirement is legally prohibited
- B. A student who is enrolled in a Program that is 100% online

## POLICY

1. The University requires University personnel and students to be fully vaccinated against COVID-19 with an authorized vaccine unless an individual has declared an authorized exemption.
2. University personnel and students are required to complete and submit a COVID-19 Vaccine Attestation form. A copy of the Attestation form is included as an appendix (**Appendix 01.08.001A**) to this policy. Individuals use the COVID-19 Attestation forms to attest that they have been fully vaccinated or declare an exemption from the vaccination requirement for medical or religious reasons (as defined in the “Definitions” section of this policy).
3. Individuals claiming a medical reason for exemption must provide a signed statement from their health care provider that includes the following: worker or student name; WTU email address; medical circumstance preventing vaccination with any available COVID-19 vaccine; description of response and contraindication to alternative vaccines; name; License #; National Provider Identifier (NPI); and medical facility name, address, and phone number.
4. Vaccination Attestation forms must be submitted to the University Registrar by September 30, 2021.
5. The information received in the Attestation form is private and confidential. These records are to be maintained separately from other records, except when the records relate to non-compliance by personnel and students; in that event, the record may be maintained in code of conduct, disciplinary, student, or personnel records.
6. Personnel and students may change or update their COVID-19 Vaccine Attestation Form at any time. Those who initially declared an exemption but subsequently were vaccinated are required to update their form.
7. The University requires University personnel and students to wear a face covering while on the University campus indoors when other people are present, and in all public and common areas, such as classrooms, lobbies, hallways, stairways, restrooms, and elevators.
8. Face coverings must fit snugly against the sides of the face; completely cover the nose and mouth; be secured with ties, ear loops, elastic bands, or another equally effective method; include at least two layers of material; allow for breathing without restriction; be capable of being laundered and machine dried without damage or change to shape (if made with cloth); be free of holes, tears or valves that have the potential to release respiratory droplets. A face covering may also be a mask that provides a higher level of protection than a cloth face covering, such as a medical procedure/surgical mask, a KN95 mask, or an N95 mask.

# Appendix 01.08.001A

## Washington Technology University COVID-19 VACCINATION ATTESTATION FORM

YES  NO I attest that I have received an FDA-authorized or World Health Organization authorized COVID-19 vaccine and that I am fully vaccinated: Fully vaccinated is 2 weeks after the second dose in a 2-dose series (e.g., Pfizer or Moderna) or 2 weeks after a single dose vaccine (e.g., Johnson & Johnson).

VACCINATION DATES:

First Dose: \_\_\_\_\_

Second Dose (for a 2-dose vaccine): \_\_\_\_\_

EXEMPTION:

I decline the COVID-19 vaccine for a medical or religious reason.

I decline the COVID-19 vaccine for a medical reason. I have discussed the risks and benefits of receiving the vaccine with a health care provider and have been advised that the COVID-19 vaccine is not recommended for me. I have attached to this Attestation Form a signed statement from my health care provider that includes the following: my name; my WTU email address; medical circumstance preventing vaccination with any available COVID-19 vaccine; description of response and contraindication to alternative vaccines; provider name; provider License #; National Provider Identifier (NPI); and medical facility name, address, and phone number.

DECLARATIONS:

I declare that the information provided is accurate and true and may be subject to further verification.

I acknowledge that if falsification of information has occurred that I may be subject to disciplinary action.

\_\_\_\_\_  
Personnel/Student Name

\_\_\_\_\_  
Signature and Date