

The board of trustees recognizes its obligation to provide and maintain a workplace that is free of known hazards. In accordance with this obligation, the board adopts this policy to safeguard the health of district employees, students and the school community from infectious diseases, such as COVID-19 or influenza, which may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control (CDC) and local health authorities, as applicable.

SCOPE

All district employees are encouraged to receive vaccinations as determined by the board.

PROCEDURES

Employees will be notified by the Human Resources Department as to the type of vaccination(s) covered by this policy and the timeframe(s) for having it/them administered. The district will either provide onsite access to the vaccines or a list of locations to assist employees in receiving vaccines on their own.

The district will pay for all vaccinations covered by this policy. When not received in-house, vaccinations should be run through employees' health insurance where applicable and otherwise be submitted for reimbursement.

All employees will be paid for time taken to receive vaccinations. For offsite vaccinations, employees are encouraged to work with their supervisors to schedule appropriate time to comply with this policy.

Employees should provide proof of vaccination before the stated deadlines to be vaccinated have expired. Employees who do not timely provide a proof of vaccination may be required to wear an approved face covering at all times while in the workplace and when engaging with students, staff or visitors, unless an approved exemption/accommodation from wearing a face covering has been provided.

CONFIDENTIALITY

Information regarding an employee's medical status shall be treated as confidential. No information known to the district or its employees regarding an employee's medical status shall be divulged, directly or indirectly, to any other individuals or groups unless the employee gives prior consent to such disclosure or the disclosure is required by law.

Questions regarding this policy may be directed to Human Resources.



LEGAL REFERENCE:

Idaho Code §33-512

Americans with Disabilities Act

42 U.S.C. §12101

28 C.F.R. §35.107(a) and (b)

28 C.F.R §35.130(a)

Section 504 of the Rehabilitation Act of 1973

29 U.S.C. §794

Title VII of the Civil Rights Act of 1964

ADOPTED: January 19, 2021

AMENDED:

Wendell School D

EMPLOYEE/APPLICANT REQUEST FOR MEDICAL EXEMPTION FROM VACCINATION

This form is intended to assist Wendell School District in assessing your request for a medical exemption from vaccination. This information will be part of an interactive process with you as we explore your request. This form and any additional medical information provided related to this request will be kept separate from your personnel file. To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to *[identify person or department, e.g., human resources department]*.

Section 1: Employee Information

Name (print):	Date:
School/Office:	Position:
Principal/Supervisor:	Work/Cell Phone:

I am requesting a medical exemption from *[name of school district]*'s mandatory vaccination policy for the following vaccination(s): _____

I verify that the information I am submitting to substantiate my request for exemption from *[name of school district]*'s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that *[name of school district]* is not required to provide this exemption if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the district.

Employee Signature _____

Date _____

Section 2: Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider:

The *[name of school district]* requires vaccination against *[insert disease name, such as COVID-19, influenza, etc.]* as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the *[name of school district]* in the reasonable accommodation process.

The person named above should not receive the *[insert disease name]* vaccine due to:

This exemption should be:

- Temporary, expiring on: __/__/____, or when _____
- Permanent

I certify the above information to be true and accurate, and request exemption from the [insert disease name(s)] vaccination(s) for the above-named individual.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name and Address:	Provider Phone:

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Date of initial request: _____ Date certification received: _____

Accommodation request:

- Approved (date) _____
Describe specific accommodation details: _____

- Denied (date) _____
Describe why accommodation is denied: _____

Signature of HR/Section 504/ADA Coordinator: _____ Date: _____
Superintendent Initials: _____ *Date:* _____

Wendell School District

EMPLOYEE/APPLICANT REQUEST FOR RELIGIOUS EXEMPTION FROM VACCINATION

This form is intended to assist Wendell School District in assessing your request for a religious exemption from vaccination. This information will be part of an interactive process with you as we explore your request. To request an exemption from required vaccinations, please complete section 1 below before returning this form to your immediate supervisor.

Section 1: Employee Information

Name (print):	Date:
School/Office:	Position:
Principal/Immediate Supervisor:	Work/Cell Phone:

I am requesting a religious exemption from *[name of school district]*'s mandatory vaccination policy for the following vaccination(s): _____

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

Describe any alternate accommodations that might address your needs: _____

I have read and understand the district's policy on vaccinations. My religious beliefs and practices, which result in this request for religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the district will attempt to provide a reasonable accommodation that does not create an undue hardship on the district. I understand that the district may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee Signature _____ Date _____

Section 2: To be completed by the employee's immediate supervisor

Describe the requested accommodation: _____

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference): _____

For District Use Only

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation: _____

Immediate supervisor signature: _____ Date: _____

[HR, principal and/or superintendent signature]: _____ Date: _____
