

COVID Vaccination Approval Protocol

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Introduction

This document outlines the protocol for COVID-19 vaccination approval within [Organization Name]. It details the process for employees, contractors, and other relevant personnel to submit proof of vaccination or request exemptions. This protocol aims to ensure compliance with applicable regulations and maintain a safe working environment.

Vaccination Requirement

All [Organization Name] personnel are required to be fully vaccinated against COVID-19, unless a valid exemption is approved. **Full vaccination** is defined as completion of the primary vaccination series recommended by the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO).

Submission of Vaccination Proof

Acceptable Documentation

Acceptable forms of vaccination proof include:

- CDC Vaccination Card (physical or digital copy)
- Official immunization record from a state or local health authority
- WHO International Certificate of Vaccination or Prophylaxis

Submission Method

Vaccination proof must be submitted electronically via [Designated Platform/Email Address]. The submission should include a clear and legible copy of the vaccination record.

Deadline for Submission

All personnel must submit their vaccination proof by [Date]. Failure to comply may result in [Consequences of Non-Compliance].

Exemption Requests

Types of Exemptions

Exemptions may be granted for medical or religious reasons.

- **Medical Exemption:** Requires documentation from a licensed healthcare provider stating that vaccination is medically contraindicated.
- **Religious Exemption:** Requires a written statement explaining the individual's sincerely held religious belief that prevents them from receiving the vaccine.

Exemption Request Process

1. Obtain the Exemption Request Form from [Designated Location/Website].
2. Complete the form and provide all required supporting documentation.
3. Submit the completed form and documentation to [Designated Platform/Email Address].

Review Process

The Exemption Request Form will be reviewed by [Designated Review Committee/Individual]. The review process will assess the validity and sincerity of the request. The applicant will be notified of the decision within [Number] business days.

Accommodation for Approved Exemptions

Individuals with approved exemptions may be subject to alternative safety measures, such as:

- Regular COVID-19 testing
- Masking requirements
- Social distancing protocols

Confidentiality

All vaccination records and exemption requests will be treated as confidential and handled in accordance with applicable privacy laws and regulations. Access to this information will be restricted to authorized personnel only.

Updates to Protocol

This protocol will be reviewed and updated periodically to reflect changes in public health guidance and applicable regulations. Any updates will be communicated to all personnel.

Signatures

Printed Name: _____

Signature: _____

Date: _____