

Acknowledgement of Compliance for Staff with Vaccination Exemption

I am unvaccinated for COVID-19 due to a medical or religious exemption. Because I am unvaccinated, I agree to abide by all Community Infection Prevention/Infection Control rules to protect the safety of residents and other staff in the community. I understand that if I do not follow these rules in their entirety, I will be disciplined, up to and including termination.

- I will *properly* wear an approved mask and eye protection (goggles and/or face shield) for direct care of all residents when community spread is substantial or high.
- I will properly wear an approved mask in staff break rooms and in charting areas. If removing the mask to eat or drink, I will maintain a 6 ft distance from any other individuals.
- I understand that if I am exposed to COVID-19 without wearing proper PPE, I will be subject to quarantine and will not be able to work during this time.
- I agree to regular* testing for COVID-19 based on federal regulations, community spread, and facility policy.

**May change based on federal/state regulations and community spread*

Staff Member: _____ Administrator: _____
Name Name

Staff Member: _____ Administrator: _____
Signature Signature

<https://paltc.org/sites/default/files/Template%20for%20staff%20with%20vaccination%20exemptions%2013JAN2022.pdf>

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.