



Vaccine Requirement for Employees

This guide is meant to provide basic guidance about the necessary policies and procedures an optometry practice needs to consider when deciding to require employees to receive the COVID-19 vaccine as a contingency of employment. As the vaccine becomes available, optometry practices are likely to be considered eligibly early in the roll out of the vaccine, although this will vary state to state. Be sure to check with your Department of Public Health regarding your practice's eligibility status.

Most of the information in this guide can apply to other vaccines in the future, including influenza.

This guide is based on federal requirements and state and local laws may vary. Please ensure you are following the applicable requirements for your practice.

Although detailed and well researched, this document does not represent legal or medical advice. Please speak to your Department of Public Health and Department of Labor for specific questions or seek legal counsel.

Requirement to offer Accommodations (following EEOC and ADA):

Employers with less than 15 employees:

Federally, employers with less than 15 employees are not required to provide medical or genuinely held religious exemptions. If a practice has less than 15 employees, they will not have to seek any documentation from an employee and can terminate their employment if they refuse to comply. Some states may have stricter requirements and practices should verify these state and local requirements before assuming they do not need to comply.

Employers with 15 employees or more:

Employer with 15 or more employees are required to comply with the Equal Employment Opportunity Commission (EEOC) under the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964. These employers will be required to provide the opportunity for medical or religious belief exemptions for their employees under a vaccination policy.

Requiring Vaccines in the Workplace:

When considering requiring employees to be vaccinated for COVID-19 in the practice, there are several factors to consider:



Legal Requirements:

The practice must show that failure to vaccinate would pose a threat to other employees or patients in the workplace because of the nature of the workplace as well as how easily the virus could transmit in the environment. This includes being unable to accommodate remote work arrangements and the nature of the work.

Turnover Prevention:

Personal feelings regarding vaccines may not be an eligible exemption but could cause an employee to decide to terminate their employment with the practice if vaccines are required. At the same time, concern about the ongoing threat of the virus because of optional vaccine participation may also cause an employee to decide to terminate their employment. It is important to weigh the pros and cons of either outcome to the practice and its productivity.

Exemptions from the Vaccine:

Medically Necessary Exemption:

If an employee has a disability or other medical concern that may prevent them from receiving the vaccine, like being immunocompromised or a high-risk pregnancy, the employee would need to receive documentation from their doctor requesting exemption (see form below). The practice can ask this employee to continue to wear a mask or socially distance from peers and patients.

Sincerely Held Religious Exemption:

If an employee has a sincerely held religious belief that prevents them from receiving the vaccine, the practice should ask for the necessary documentation (see form below). The practice can ask this employee to continue to wear a mask or socially distance from peers and patients.

Denial of Exemption Request:

To deny an exemption request, the practice must document that such a request would cause undue hardship on the practice, prevent the employee from performing an essential function or cause a direct threat to their peers or patients.



Sample Policy and Exemption Forms:

The following sample policies and exemption forms have been provided by the Society of Human Resource Management (SHRM) and updated to reflect an optometry practice, where possible. These forms may not reflect applicable State or Local laws and should be updated to reflect your practice needs.



Policy Sample for Mandatory Vaccine:

Purpose

In accordance with [Company Name]'s duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19 or influenza, that may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

Scope

All employees are required to receive vaccinations as determined by [insert relevant department or safety committee], unless a reasonable accommodation is approved. Employees not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the Practice Owner.

Procedures

Employees will be notified by the Practice Owner as to the type of vaccination(s) covered by this policy and the timeframe(s) for having the vaccine(s) administered. [Company Name] will provide either onsite access to the vaccines or a list of locations to assist employees in receiving the vaccine on their own.

[Company Name] will pay for all vaccinations. 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 to work with their managers to schedule appropriate time to comply with this policy.

Before the stated deadlines to be vaccinated have expired, employees will be required to provide either proof of vaccination or an approved reasonable accommodation to be exempted from the requirements.

Reasonable Accommodation

Employees in need of an exemption from this policy due to a medical reason, or because of a sincerely held religious belief must submit a completed Request for Accommodation form to the Practice Owner to begin the interactive accommodation process as soon as possible after vaccination deadlines have been announced. Accommodations will be granted where they do not cause [Company Name] undue hardship or pose a direct threat to the health and safety of others.

Please direct any questions regarding this policy to the Practice Owner.



Policy Sample for Voluntary Vaccine:

Purpose

In accordance with [Company Name]'s duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19 or influenza, that may be reduced by vaccinations. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

Scope

All employees are encouraged to receive vaccinations as determined by [*insert relevant department or safety committee*].

Procedures

Employees will be notified by the Practice Owner as to the type of vaccination(s) covered by this policy and the timeframe(s) for having it/them administered. [Company Name] will provide either onsite access to the vaccines or a list of locations to assist employees in receiving vaccines on their own.

[Company Name] 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 to work with their managers 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 provide timely proof of vaccination will be required to wear an approved face covering at all times while in the workplace and when engaging with customers, unless an approved exemption from wearing a face covering has been provided.

Please direct any questions regarding this policy to the Practice Owner.



Request for Accommodation: Medical Exemption from Vaccination

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 the Practice Owner.

Section 1

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from [Company Name]'s mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from [Company Name]'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 [Company Name] is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for [Company Name].

Employee Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

[Company Name] 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 [Company Name] 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]* vaccination for the above-named individual.

Medical Provider Name (print):

Medical Provide Signature:

Date:

Practice Name & Address:

Provider Phone:



PRACTICE USE ONLY

Date of initial request: __/__/____

Date certification received: __/__/____

Accommodation request:

Y Approved __/_/____

Describe specific accommodation details:

Y Denied __/_/____

Describe why accommodation is denied:



Religious Accommodation Request Form

Part 1: To be completed by employee

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

Length of time the accommodation is needed: _____

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



Employee signature: _____ Date: _____

Part 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):

1. _____

2. _____

3. _____

Date discussed with employee: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:



Immediate supervisor: _____ Date: _____

Manager of immediate supervisor: _____ Date: _____

Human resources director: _____ Date: _____