POLICY ON MANDATORY CAMPUS COVID-19 VACCINATION

Dated: January 20, 2022
Supersedes: January 5, 2022
Last Review: January 20, 2022

PURPOSE:

It is the purpose of this policy to define the New York Medical College and Touro College of Dental Medicine ("College") campus requirement for COVID-19 vaccination, and repercussions in the event of non-compliance during the COVID-19 pandemic.

I. SCOPE:

This policy applies to anyone accessing the campus, including all students, employees, faculty, volunteers, contractors and visitors.

II. POLICY:

It is the policy of the College that all individuals accessing the New York Medical College and the Touro College of Dental Medicine for any reason, other than exclusively as patients in the dental or family medicine clinics, must be fully vaccinated against SARS-CoV-2 and must be up to date with COVID-19 vaccination which includes receipt of a booster vaccine.

In accordance with this policy, an individual must have received a booster vaccine no later than one month after booster eligibility /time at which booster is advised as per CDC guidelines. In accordance with CDC guidelines, boosters are advised according to the following vaccine schedule:

- 5 months after completed vaccination (Dose 2) of the Moderna mRNA vaccine.
- 5 months after completed vaccination (Dose 2) of the Pfizer mRNA vaccine.
- 2 months after receipt of the Janssen vector vaccine.
- 3 months after documented COVID-19 infection. (Note: CDC guidance suggests individuals may obtain a booster after leaving isolation, but one may also defer receipt of a booster during the 90 days after COVID-19 infection, because the risk of re-infection is considered low during this interval).
- 3 months after receipt of a monoclonal antibody for treatment or prophylaxis of COVID-19 infection.
- Persons with moderate/severe immunosuppression may have received 3 doses of a mRNA vaccine as the primary vaccination series. In such cases the booster is advised 5 months after the last dose of mRNA vaccine.

All individuals accessing the New York Medical College and the Touro College of Dental Medicine for any reason, other than exclusively as patients in the dental or family medicine clinics, must submit

documentation of their booster status via the DocuSign System no later than February 15, 2022 and, if eligible for booster vaccination, must be up to date with COVID-19 vaccination under this policy no later than February 28, 2022. The DocuSign site to upload vaccine documents and status is located on the NYMC website main page and via the NYMC Health Services web page.

Persons deferring a booster due to receipt of monoclonal antibody or recent COVID-19 infection are to upload appropriate documentation into the DocuSign System indicating the reason for the deferral request.

Employees and students of the College may apply for a religious or medical based exemption to the policy by completing and submitting the appropriate forms attached to this policy.

Noncompliance with this policy by employees or students may result in disciplinary action up to and including termination of employment or dismissal from an academic program.

Noncompliance with this policy by anyone other than employees or students will result in prohibition of access to campus.

III. DEFINITIONS:

Fully Vaccinated: 2 or more weeks after the second dose of a COVID-19 vaccine that is a two dose vaccine, or 2 weeks after a COVID-19 vaccine that is a single dose vaccine. The vaccine must be a COVID-19 vaccine that is approved for use by the US Food and Drug Administration or the World Health Organization.

Booster Vaccination: An additional dose of vaccine used to augment the immune response following full vaccination.

IV. RELATED POLICIES:

Policy on Campus Access During the COVID-19 Pandemic

V. EFFECTIVE DATE:

This policy is effective immediately.

VI. POLICY MANAGEMENT:

Responsible Executive: Chancellor and Chief Executive Officer
Responsible Office: NYMC Health Services

Request for Medical COVID-19 Immunization Exemption Form

[] Employee or [] Student

Name: ____

TNUMBER: _____________________________ School/ Department:________________________

College Email: _____________________________ Phone: ___________________________________

New York Medical College and the Touro College of Dental Medicine (NYMC and TCDM) policy requires all students and employees to be Fully Vaccinated for COVID-19 and have received a booster vaccine. A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed healthcare provider, not related to the submitter, and whose specialty is appropriate to the associated condition.

Medical exemptions expire when (i) the medical condition(s) contraindicating COVID-19 vaccination changes in a manner that permits immunization; or (ii) six months after the exemption is granted, if not renewed every six months. The assigned expiration is at the sole determination of NYMC and TCDM.

Individuals with an approved exemption will be required to comply with additional testing and other preventive requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

NYMC and TCDM will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains an expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Read the CDC COVID-19 Vaccine Information at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html;**
- **Complete the following page of this form;**
- **Have your provider complete the provider section of this form;**
- **Attach all supplemental materials; and**
- **Submit the completed exemption request form with all required documentation to:**

Employees: **nymc-contacthr@nymc.edu** **Students:** **health_services@nymc.edu**

Note: incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from New York Medical College and Touro College of Dental Medicine (the "College") for any COVID-19 related injury.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other mitigation measures.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from my duties. I agree to comply with these restrictions and accept responsibility for communicating with my supervisors and Human Resources.
	Should I contract COVID-19, I will immediately report it to Health_Services@nymc.edu and comply with all isolation and quarantine procedures specified by the College.
	I acknowledge that I have read the **CDC COVID-19 Vaccine Information at** https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits vaccination, as determined by the College.
	I understand and agree to comply with and abide by all College policies and procedures.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on College requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to College disciplinary action if any of the information I provided in support of this exemption is false.
	I give permission to the College to contact my health care provider if further information on my medical condition(s) is needed for review of this exemption request.

Printed Name: ____

Signature: ____

Date: ____

TNUMBER: ______________________ College Email: ________________________________

Phone number: ____

☐By checking this box and typing my name above, I am electronically signing this form.

Date: _____________________________

Attention Health Care Provider:

New York Medical College/Touro College of Dental Medicine policy requires that all students and employees receive a COVID-19 vaccination and booster vaccination when eligible. _________________________ (insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by a committee in consideration of the exemption request.

Option 1 - Allergy

__ A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine. NOTE: The COVID-19 vaccines do not contain egg. Allergy to egg will not be accepted as a routine medical exemption.

- •Moderna - List the component(s): ____
- •Pfizer - List the component(s): ____
- •Janssen/Johnson&Johnson - List the component(s): ___________________________________

__ A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine

Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

- •Moderna - Date of Vaccine & Reaction: ____
- •Pfizer - Date of Vaccine & Reaction: ____
- •Janssen/Johnson&Johnson - Date of Vaccine & Reaction: _______________________________

Option 2 – Physical Condition/Medical Circumstance

__ The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Explanation: (attached additional pages if necessary)

Option 3 - Other

__ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation: (attached additional pages if necessary)

Certification

I certify that __________________________ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at New York Medical College.

Duration of this medical exemption: ____

Provider Information

Medical Provider Name: ____

Medical Provider Specialty: ____

Signature: ____

Provider License Number: ____

Date: ____

Name of Provider Company: ____

Address: ____

Email: ____

Phone number:____

Patient Information

Patient Name: ____

Date: ____

TNUMBER : __________________________ NYMC email: _____________________________________

Phone number: ____

Request for COVID-19 Vaccination Religious Exemption

[] Employee or [] Student

Last Name **First Name**

Date of Birth **Touro ID Number**

Note that objections to vaccination may not be based solely on grounds of personal philosophy, preference or inconvenience.

On a separate sheet of paper, please provide the following:

1. **Please identify your religion, the sincerely held religious belief, practice or observance that is the basis for your request for religious accommodation and how long you have held this.**

2. **Please explain how your sincerely held religious belief, practice, or observance conflicts with the College's COVID-19 vaccine mandate.**

3. **Please describe how your sincerely held religious belief, practice, or observance has affected your receipt of other vaccines, including the measles, mumps, rubella vaccine.**

4. **In some cases, the College will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s) or may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your belief(s) and need for an accommodation?** ____ Yes ______ No **If no, please explain why.**

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, and/or to me, or if it creates an undue hardship on the College.

Applicant Signature Date

Return this request form, answers to the questions, the completed "Affidavit of Religious Objection to COVID-19 Vaccination", and any other supporting information you would like to submit, all as a PDF document to Employees: nymc-contacthr@nymc.edu Students: health_services@nymc.edu

AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

The undersigned employee personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen years of age and competent to make this affidavit.

2. I understand that New York Medical College and the Touro College of Dental Medicine (the "College") requires all individuals accessing campus to be vaccinated against COVID-19 and receive a booster vaccination to protect the campus community.

3. I understand that the College has determined:

   a. the required vaccination is necessary to prevent the spread of COVID-19 among the campus and surrounding community;
   b. Over 512 million doses of COVID-19 vaccine have been given in the United States a of December 14, 2021. Over 78% of the US population over 5 years of age have received at least one vaccine dose. The U.S. Food and Drug Administration (FDA) has determined the vaccines are safe and effective in preventing the spread of COVID-19 and full FDA approval has been given;
   c. an individual who does not receive the required vaccination is at increased risk of contracting COVID-19; and
   d. an individual who does not receive the required vaccination is at risk of spreading COVID-19 to other persons.

4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference or inconvenience.

5. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by the College, and that I may still be required to later receive the vaccination if required by New York State.

I certify that the foregoing is true and correct.

This _____day of___________________, 2022.

____
Applicant Signature

Touro ID# __________________________________

State of

County of

Subscribed and Sworn to before me this ____ day of _______ 2022

by; ____________________________ _____________________________
Name of Student/Employee Notary Signature