

Updated February 2022

PEEC Covid-19 Vaccination Policy

Purpose: The purpose of this policy is to keep the PEEC community (staff, volunteers, visitors, and program participants) safe from the Covid-19 virus.

Applicability: This policy applies to all PEEC personnel including all regular and casual staff, all contractors providing services directly to PEEC customers, and all volunteers (regardless of remote or on-site work).

Policy: PEEC personnel are required to be fully vaccinated against COVID-19, which means one dose of the Johnson & Johnson vaccine or two doses of the Moderna or Pfizer vaccines. To prove vaccination, all personnel must show the Visitor Services Manager their vaccination card or send her a photograph of their vaccination card promptly.

PEEC personnel may seek a legal exception to the vaccination requirement due to a disability, using the form below. PEEC may also ask for other information, as needed. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided to provide reasonable accommodation absent undue hardship to PEEC and/or pose a direct threat to the health or safety of others and/or to the requesting party.

PEEC and their medical advisor will review the form and make a determination on whether or not the exemption is provided and if reasonable accommodations can be made. PEEC may consult with medical personnel to make this decision.

PEEC will be required to keep confidential any medical information provided. Personnel who receive an exception from the vaccination requirement must instead comply with alternative health and safety protocols listed in a separate document and subject to change based on current COVID case rates and restrictions.



PEEC

Pajarito Environmental
Education Center

PEEC Covid-19 Vaccine Medical Exemption Request Form

Part I. To be completed by PEEC personnel

Name:

Date of request:

PEEC position:

Medical or disability exemption request:

I am requesting a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Employee signature

Date

Part II. To be completed and signed only by a state-licensed MD or DO.

Medical Certification for COVID-19 Vaccine Exemption

Dear Medical Provider:

The Pajarito Environmental Education Center (PEEC) requires its personnel to be fully vaccinated against COVID-19. The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination.

Please complete this form to assist PEEC in its reasonable accommodation process. If you have questions about completing this form, please contact PEEC at 505-662-0460 or director@peecnature.org.

Please describe the employee's medical condition below, providing at least the following information, where applicable:

- The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization

fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;

- A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
- The specific medical condition that currently prevents the employee from being vaccinated or any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

Medical Provider Name/Title:

State in which medical license is held:

Date this patient was first seen in your office:

Medical provider signature

Date