



Policy: Mandatory Vaccination Policy	Applicability: Meharry Students, Staff, and Faculty
Policy Owner: Office of the President	Approved By: Office of the President
Effective Date: July 1, 2021	Last Reviewed: August 27, 2021
Next Review: August 27, 2022	Contact:

PURPOSE: Meharry Medical College recognizes its responsibility to provide employees and students a workplace and learning environment free of recognized hazards. This policy is intended to maximize COVID-19 vaccination rates among Meharry Medical College’s employees and students, especially those whose work requires their presence in patient, research or clinical settings. The goal is to protect patients, employees, students, family members, others affiliated with Meharry Medical College, and the broader community. This policy is based upon guidance provided by the Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC) and other public health and licensing authorities, as applicable.

The policy applies to the following:

1. Health Care Personnel (HCP) who work or provide instructional guidance inside any clinical care area and/or setting of Meharry Medical College. This includes all simulation labs.
2. All students and residents within all schools and programs sponsored or affiliated with Meharry Medical College.
3. All employees and staff who have customer interfacing.
4. Non-employee personnel who provide services in Meharry Medical College or Clinical Care Areas.

This policy does not cover patients and visitors.

POLICY: As a condition of employment, appointment, residency, or allied staff, by October 1, Meharry Medical College will expect all covered employees to either (a) establish they have been fully vaccinated; or (b) obtain an approved exemption as an accommodation.

As a condition of enrollment, all students and residents must meet the mandatory vaccination requirements as established by their respective schools; however, students must also be fully vaccinated no later than October 1 or obtain an approved exemption as an accommodation. The



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process for seeking an accommodation is explained below. For the purposes of this policy, a person is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single-dose vaccination (Janssen).

All employees, faculty, medical staff, residents, fellows, temporary workers, trainees, volunteers, students, and vendors, regardless of employer, must show proof of a booster shot as recommended by the CDC, taken within the allotted timetable for a booster.

Employees and students will be subject to termination or dismissal from their program for non-compliance.

DEFINITIONS: *Health Care Personnel (HCP):* All individuals, employees, faculty, staff, residents and fellows, temporary workers, trainees, volunteers, students, vendors, and voluntary medical staff, regardless of employer, who provide services to or work in Meharry Medical College patient care or clinical care areas. This includes all adjuncts who have privileges at the School of Medicine, School of Dentistry and School of Graduate Studies and Research.

Patient, Research or Clinical Care Area: Any section of a building, property, or site that is owned, leased, rented, or operated by Meharry Medical College where the care or provisions of services to patients or study participants occurs, including, but not limited to hospitals, outpatient clinics, student and employee health center or mobile sites and units. These areas are defined by the physical or recognized borders of any inpatient and outpatient areas where patients may be seen, evaluated, treated, or wait to be seen. All areas within the research laboratories where teams meet to conduct research and trainings.

Customer Interfacing: Internal or external customers (i.e. employees or students)

PROCEDURE:

- A. To be compliant with this requirement, all individuals that fall under the guidance must upload their completed COVID-19 Vaccination Record Card into the Meharry Vaccine Passport or provide proof of vaccination to Student and Employee Health (SEH) or their respective school designee by October 1.



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- a. New hires and students must comply with the designated procedure for obtaining the vaccine when hired or accepted in their respective schools. Proof of immunization must include a copy of documentation indicating the date the vaccine was received.
- B. SEH will inform all Meharrrians one month prior to the time in which repeat/booster vaccination is needed, about the following:
 1. Requirements for vaccination
 2. Procedure for receiving vaccination
 3. Procedure for submitting written documentation of vaccine obtained outside of Meharry Medical College
 4. Procedure for declining due to a qualified exception
 5. Consequences of refusing vaccination

EXCEPTION

- A. Medical
 1. Exceptions to required immunization for individuals may be granted for certain medical contraindications. Standard criteria will be established and include: (Appendix-1)
 - a. Documentation of severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices.
 2. Those seeking a medical exception must submit a declination form (Appendix (1) and provide documentation of medical contraindications to exemptrequest@mmc.edu before October 1.
 3. A request for medical exception will be evaluated individually within twenty business days after presenting a request for exception. If the exception is for allergy to eggs, the most current CDC Advisory Committee Immunization Practices recommendations will be followed.
 4. If exceptions are granted, the **ALL COVERED BY THIS POLICY** must resubmit a request for exception each year.
- B. Religious



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If an individual declines immunization because it conflicts with sincerely held religious beliefs, they must complete a request for religious exception (Appendix-2). Requests should be submitted through email to exemptrequest@mmc.edu. These requests must be received before October 1 and will be reviewed by the applicable areas.

C. Requirements Upon Receiving Exception

If an exception is granted, the individual will sign either electronically or by written documentation attesting that he/she will wear a mask at **all times** in any Meharry Medical College facility when within six (6) feet of others.

COMPLIANCE

- A. All individuals must wear masks while on the Meharry Medical College campus. Any person covered by this policy who fails to comply with the vaccination requirement will be denied access to Meharry Medical College. Such persons may also be subject to the relevant disciplinary procedures established by the institution, as it relates to condition of employment, matriculation, appointment, or access.
- B. Individuals that are granted an exception **MUST** wear a mask at all times while on the campus and within six (6) feet of others.

VACCINE SHORTAGE

In the event of a vaccine shortage, the Executive Vice President, as lead administrator of the Emergency Preparedness Plan, will involve SEH, the institution's Infection Disease specialist, Environmental Health and Safety personnel, Human Resources and other departments across all entities as needed in determining the allocation plan across Meharry Medical College. Vaccines will be offered to personnel and students based on risk to patient population cared for and job function.

Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with COVID-19. Those who



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are prioritized to receive the vaccine will be held to the mandatory standard. Those who are not prioritized to receive the vaccine will not be held to the mandatory standard for the duration of the vaccine shortage period.

EXHIBITS:



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Appendix 1- Medical Exception Form

VACCINE MEDICAL EXCEPTION FORM REQUEST FOR MEDICAL EXCEPTION FROM COVID-19 VACCINATION

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Date of Birth: ____/____/____

Email address: _____

Phone No: _____

Department/School: _____

Supervisor/Manager _____

Physician Name: _____

Physician Phone No. _____

Dear Physician:

Meharry Medical College requires COVID-19 vaccination. Vaccination has also been recommended in pregnancy by the Centers of Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above-named person is requesting an exception from this vaccination requirement. A medical exception from the COVID-19 vaccine is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.pdf>).

Please complete the form below. Should you have any questions, please contact Meharry Medical College Student and Employee Health at 615.327._____. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):



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__ **History** of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**

__ Other- Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis.)

I certify that _____ has the above contraindication and request a medical exception form the COVID-19 vaccination.

Physician signature: _____ Date: _____

(Note: Signature Stamps are Not Acceptable)

Physician Medical License No.: _____

PLEASE, EMAIL

EMAIL: exemptrequest@mmc.edu

DESIGNATED OFFICE USE ONLY:

MEDICAL EXCEPTION APPROVED ON: ____/____/____ **Approval Signature** _____

Appendix 3- Religious Exception Form

Meharry Request for Exception from COVID-19 Vaccination for Religious Reasons



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Meharry Medical College is committed to diversity and inclusiveness of all our employees and students. Meharry Medical College has mandated that all who provide direct patient care or work in patient, research or clinical care areas be vaccinated against COVID-19. If you have declined to receive the COVID-19 vaccine for religious reasons, please provide the following information:

Name: _____ Date of Request: _____

Department: _____ Immediate Supervisor: _____

“Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the COVID-19 vaccination at this time.”

Name of Religious Belief, Church or Religious Body: _____

Signature: _____ Date: _____

Religion Tenet(s) Documentation

In some cases, Meharry will need to obtain documentation or other authority regarding your religious practice or belief. We 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 exception.

If requested, can you obtain documentation or other authority to support the need for an exception based on your religious practice or belief?

Yes _____ No _____

If no, explain why: _____

Verification and Accuracy



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I verify that the above information 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 exception may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

Print Name: _____

PLEASE FAX, EMAIL THIS TO THE FOLLOWING

EMAIL: exemptrequest@mmc.edu

DESIGNATED OFFICE USE ONLY

RELIGIOUS EXCEPTION APPROVED ON: ____/____/____ **Approval Signature** _____