

Template for Staff with Vaccination Exemptions

By remaining unvaccinated for COVID-19 due to a medical or religious exemption, I agree to abide by the following guidelines to protect the safety of residents and other staff in the facility. I understand that if I do not follow these guidelines in their entirety, I risk disciplinary action, up to and including termination from my position.

- I will *properly* wear a mask and eye protection (goggles and/or face shield) for direct care of all residents when community spread is substantial or high.
- I will wear a 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 may 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

Name: _____

Facility Administrator

Name: _____

Signature

Date

Signature

Date