<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>COVID-19 Vaccination Policy</th>
</tr>
</thead>
</table>
| Associated Form(s): | 1) Employee COVID-19 Vaccination Intake Questionnaire  
2) Student COVID-19 Vaccination Confirmation Form  
3) Student COVID-19 Vaccination Exemption Form (Medical, Religious and Distance Learning) |
| Policy Number: | 2021-5 |
| Reviewed: | Non-Academic Policy Review Committee |
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| Adopted: | June 28, 2021 |
| Responsible Executive(s): | 1) Vice President of Student Affairs  
2) Vice President of Finance |
| Revised: | N/A |
| Responsible Office(s): | 1) Office of Student Affairs  
2) Office of ACCESSibility  
3) Student Health Office  
4) Office of Human Resources |
| Contact(s): | 1) Assistant Dean of Student Affairs  
2) Director of ACCESSibility  
3) Director of Health and Wellness  
4) Associate Director of Human Resources |
I. Policy Statement

SARS-CoV-2 (the virus that causes COVID-19) is a serious respiratory disease; greater than half-a-million Americans died in 2020-21 from SARS-CoV-2-related-causes. The COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for anyone over the age of 12 years in order to prevent infection from and transmission of SARS-CoV-2 and its complications, including death, to friends, family and community. Getting vaccinated may also protect other community members, including those who are more vulnerable to serious COVID-19 illness (i.e. infants, young children, older adults and individuals with certain chronic health conditions).

In order for Mercy College to continue to maintain a safe and healthy environment, and to bring Mercy College back to the vibrant campus community it has always been, Mercy is requiring all on-campus students to provide proof of the COVID-19 vaccination before the start of the term, and are strongly encouraging all employees (including staff, core faculty and adjunct faculty) to obtain the vaccination, as well as voluntarily provide us their vaccination status. Doing so is in line with what other peer institutions are doing, and we believe it is in the best interest of the entire College community.

II. Students

Prior to the start of the term, Mercy College students who plan to attend classes, activities or events on-campus and in-person are required to submit proof of their fully vaccinated status by uploading the information online. Students who are required to provide proof of the COVID-19 vaccination include, but are not limited to, the following:

- Students attending any classes, activities or events on any of Mercy’s campuses or sponsored by Mercy off-campus.
- Students who reside in any on-campus housing at Mercy College.
- Students who participate in any NCAA-related activity.
- Students who participate in the Study Abroad Program.
- Students who participate in all clinical and experiential placements relating to Mercy College academic programs.
- Students who participate in club sports.
- Students who participate in off-campus, in-person Mercy-sponsored events.

A. Exemptions

- Students have the right to seek an exemption due to an allergy or medical contraindication to receiving the vaccine. They must provide the exemption form and physician’s statement (see below).
- Students may also decline to provide proof of COVID-19 due to sincerely held spiritual or religious belief, practice, or observance. They must provide a statement (see below)
• Students who intend to be fully distance learning and shall not attend any on-campus, in-person classes, activities or events may also decline from providing proof of the COVID-19 vaccination. They must submit the exemption form.

Students who decline providing proof of the COVID-19 Vaccination do so knowing these facts and Mercy College’s vaccination requirements for students. They do so freely and voluntarily and shall assume all risks of the decision to decline the vaccination, including the risk of severe illness or death, as well as the risk posed to community members around them.

All students, regardless of vaccination status, are required to adhere to all COVID-19-related College policies, rules and guides, including the COVID-19 Addendum to the Student Handbook.

Students who decline the COVID-19 Vaccination may be required to adhere to additional measures to ensure the safety of the campus community is maintained which may include, but not be limited to: continued mask-wearing and social distancing at all times, mandatory surveillance testing, and limitations on participation in on-person campus classes, activities and events.

Students who decline submitting proof of the COVID-19 Vaccination may change their mind and submit proof of the COVID-19 Vaccination at any time.

B. Reasonable Accommodations

Mercy College is committed to providing reasonable accommodations and academic adjustments to allow qualified students the opportunity to participate in programs and activities at the College. The College’s Student Accommodations Policy provides for procedures in connection with: a) a disability or serious injury, b) pregnancy, childbirth, or a medical condition related to pregnancy or childbirth, including breastfeeding, and b) religious practices. Students who believe they need an accommodation or academic adjustment should contact the Office of ACCESSibility.

III. Employees

Mercy strongly encourages employees who are eligible to receive the vaccine to do so. Check with your healthcare provider if you have any questions or concerns prior to making an appointment. Under New York State law, all employees are entitled to up to 4 hours of paid leave to obtain the vaccine, which does not count against the employee’s regular sick leave bank. See Mercy Employee Leave Policy. Currently, Mercy College is strongly encouraging all employees (staff, core faculty and adjunct faculty) who are medically able to obtain the vaccination. In addition, we are asking all employees to complete the COVID-19 Vaccination Intake Form so that Mercy can assess the best ways to keep the community safe from COVID-19, including whether a mandatory vaccination program is needed. This form and any documentation submitted will be kept confidential, maintained separately from employee personnel files and will not be used against the employee in any way. Questions should be directed to the Office of Human Resources.

Despite the voluntary nature of providing employee COVID-19 Vaccination information to the College for purposes of assessing the health and safety of its campuses for the vast majority of
Mercy College employees, there are certain employees who may need to provide proof of vaccination as part of the basic responsibilities of their jobs or for the safety of the campus community, such as residential life staff and health office staff, or as required by off-site partners the employee is required to visit or work as part of their job responsibility, including but not limited recruiters entering public schools and clinical faculty entering health care facilities. If an exemption or reasonable accommodation is needed, the Office of Human Resources will work with the employee to determine what, if any, accommodation may be afforded under the given circumstances.

In addition, given the danger posed by communal living as it relates to COVID-19, all Mercy College Residential Life Staff are required to provide proof of the COVID-19 Vaccination. Such staff should contact the Office of Human Resources if they are seeking a medical or religious exemption, or some other reasonable accommodation.

IV. Contractors, Vendors and Visitors

All visitors to Mercy College campuses are required to abide by the Interim COVID-19 Visitor Policy, as well as any other COVID-19 related College policies and procedures. This includes the requirement that visitors complete the COVID-19 health screening before entering Mercy campuses and wearing masks and social distancing at all relevant times.

Mercy College has asked and will continue to negotiate with its regular contractors and vendors to ensure that their employees, like Mercy College employees, at the very least voluntarily provide confirmation of COVID-19 Vaccination.

V. SARS-CoV2 (COVID-19) Vaccination Status Privacy Notice

Mercy College is committed to protecting your personal information and being transparent about what information is held and how it is used. We understand your concerns about privacy and assure you that we take privacy matters seriously. Therefore, we are providing this Privacy Notice to explain how your personally identifiable information, is collected and used as it relates to proof of the COVID-19 vaccine. The information you provide will be used only as outlined in this Notice. If you have questions regarding this Privacy Notice, you may direct them to kbowes@mercy.edu.

By submitting information to us, you give your consent that all information that you submit, including your personally identifiable information (PII), may be processed as described herein. If you do not agree to be bound by this Privacy Notice, you may choose to not submit information to us.

A. Data We Collect. The information Mercy collects is that which you provide to us, which will likely include, but not be limited to, the following:

- Full Name
- Telephone Number
- CWID
- Date of Birth (DOB)
• Date of First and Second Vaccine Doses (for Pfizer, Moderna or other) or Single Dose (J&J/Janssen)
• Image of vaccination card or screen shot of [Excelsior Pass]

B. Confidentiality and Storage.

• This information will be kept confidential by the Student Health Office, with the use of Pyramed (HIPAA compliant software). Outside of that office, it will only be shared with those at the College with a legitimate business need to know, which will include the Office of Human Resources (for employees), the Office of ACCESSibility (for students) and may include an area VP if relevant to determining appropriate shifts and office spacing, etc.
• It will be stored by the College in a safe and secure manner, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
• These records will be kept separate from employee/personnel and student records.
• Not providing the requested information may result in delays in access to certain College programs and facilities that actively monitor immunity from the COVID-19 virus.

C. Information Usage. Generally, the College will use the information we collect through the SARS-CoV2 Vaccination Status to assess the risk level of your full access to Mercy College facilities and programs. As this situation continues to evolve, we will follow the most up-to-date recommendations from the Centers for Disease Control (CDC) with regards to risks relating to COVID-19.

D. Information Sharing. We may share aggregate, non-personally identifiable information with other entities or organizations, including Mercy College or agents thereof, under the following circumstances:

• To assist in providing support for our internal operations.

• When legally required to do so, at the request of governmental authorities; to verify or enforce compliance with Mercy College policies, procedures and applicable laws; or to protect against misuse or unauthorized use of SARS-CoV2 Vaccination Status.

• To measure utilization of the SARS-CoV2 Vaccination Status by the Mercy College community, PII may be shared with the Mercy College Health Office under the following circumstances:

• To carry out their official duties in response to the public health crisis, including for case management and contact tracing purposes associated with public health orders.

• To assess whether individuals should be tested for COVID-19, and

• To provide individuals with information on medical care and consultation services specific to COVID-19.
VI. **EU Authorization**

While we understand that the vaccine is currently approved under an Emergency Use Authorization (EUA), Mercy believes that the vast weight of authority supports the safety and effectiveness of the vaccination and its importance in the return to a fully-engaged campus.

VII. **Non-Retaliation and Respect for Other Community Members**

Section 11(c) of the Occupational Safety and Health Act of 1970 protects employees from retaliation in the workplace, particularly as it pertain to complaints that may arise regarding the health and safety of the environment and the vaccination status of other community members. Confidential complaints can be made at any time pursuant to the College’s Whistleblower Policy.

In addition, given the severity of COVID-19 and the continued uncertainty surrounding the pandemic, all members of the Mercy College community shall respect any and all individuals who wear a mask, regardless of whether they may or may not be vaccinated. Reasons for continued mask-wearing may vary—from those who choose to take extra steps to protect themselves and others from potential exposure by continuing to wear masks, or who may be unable to obtain the COVID-19 Vaccination or who decline for religious or personal reasons to do so. No one shall inquire into another community member’s medical history or background in an attempt to ascertain why an individual may or may not be vaccinated, other than the Office of Human Resources and the Office of ACCESSibility, solely pursuant to and for the purposes of this Policy.
COVID-19 Employee Vaccination Intake Questionnaire

SARS-CoV-2 (the virus that causes COVID-19) is a serious respiratory disease; greater than half-a-million Americans died in 2020-21 from SARS-CoV-2-related-causes. The COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for anyone age 12 and older in order to prevent infection from and transmission of SARS-CoV-2 and its complications, including death. Getting vaccinated may also protect other community members, including those who are more vulnerable to serious COVID-19 illness (i.e. infants, young children, older adults and individuals with certain chronic health conditions).

As such, in order for Mercy College to continue to maintain a safe and healthy environment, and to bring Mercy College back to the vibrant campus community it has always been, we are asking all employees (staff, core faculty and adjunct faculty) to complete this Intake Form so that Mercy can assess the best ways to keep the community safe from COVID-19.  This form and any documentation submitted will be kept confidential, maintained separately from employee personnel files and will not be used against the employee in any way. If you have any questions, please contact the Office of Human Resources.

Employee Name: ______________________________ CWID: __________________________
Employee Title: ______________________________ Email: __________________________
Department: _______________________________ Phone: __________________________

Please respond to the following questions regarding the COVID-19 vaccine:

(1) I am fully vaccinated from COVID-19. Yes or No.

   a. If Yes, when was the date of your second dose (for Pfizer, Moderna or other) or single dose (for J&J/Janssen) OR
   b. Provide a copy of your vaccine record (including photo of your vaccine card or Excelsior Pass). *Note all vaccination records are kept confidential and maintained separately from personnel files.

(2) I am not fully vaccinated from COVID-19. Yes or No.

   a. If No, please check off one of the following reasons:
      i. I am awaiting a shot or for the two weeks after the final shot ___
      ii. Medical/disability reasons ___
      iii. Sincerely held spiritual or religious belief, practice, or observance __
      iv. Personal belief or other reasons __

I hereby agree that, regardless of my vaccination status, I will be required to adhere to the College’s current COVID-19 Employee Guide and Policies for Maintaining a Safe Workplace, and all other relevant COVID-19 policies and guides as may be implemented and updated in accordance with relevant local, state and federal guidelines and orders. I understand that if I am not fully vaccinated and am required to come to campus or affiliated location, I may be required to adhere to additional safety requirements, including but not limited to, continued mask-wearing and social distancing, mandatory regular surveillance testing. There may also be some limitations around the ability to attend certain in-person campus events or activities. I also acknowledge that as
a member of the Mercy College community, I shall respect any and all individuals who wear a mask, regardless of whether they may or may not be vaccinated.

___________________________________________  __________________________________________
Employee Signature

**COVID-19 Student Vaccination Confirmation Form**

SARS-CoV-2 (the virus that causes COVID-19) is a serious respiratory disease; greater than half-a-million Americans died in 2020-21 from SARS-CoV-2-related-causes. The COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for anyone over the age of 12 years in order to prevent infection from and transmission of SARS-CoV-2 and its complications, including death, to my friends, my family and community. Getting vaccinated may also protect other community members, including those who are more vulnerable to serious COVID-19 illness (i.e. infants, young children, older adults and individuals with certain chronic health conditions). As such, in order for Mercy College to continue to maintain a safe and healthy environment, and to bring Mercy College back to the vibrant campus community it has always been, Mercy is requiring all on-campus students to provide proof of the COVID-19 vaccination before the start of the term. Those students required to provide proof of the COVID-19 vaccination include, but are not limited to, the following:

- Students attending any classes, activities or events on any of Mercy’s campuses or sponsored by Mercy off-campus.
- Students who reside in any on-campus housing at Mercy College.
- Students who participate in any NCAA-related activity.
- Students who participate in the Study Abroad Program.
- Students who participate in all clinical and experiential placements relating to Mercy College academic programs.

This form and any documentation submitted will be kept confidential, maintained separately from student records, and will not be used against the employee in any way. If you have any questions, please contact the Student Health Office.

Student Name: _______________________________  CWID: ______________________  
Email Address: _______________________________  Phone: ______________________

Please respond to the following questions regarding the COVID-19 vaccine:

(1) **I am fully vaccinated from COVID-19? Yes or No.**

   b. If Yes, when was the date of your second dose (for Pfizer, Moderna or other) or single dose (for J&J/Janssen) **OR**
   c. Provide a copy of your vaccine record (including photo of your vaccine card or Excelsior Pass). *Note all vaccination records are kept confidential and maintained separately from personnel files.

(2) **I am not fully vaccinated from COVID-19? Yes or No.**
d. If No, please check off one of the following reasons:

   i. I am awaiting a shot or for the two weeks after the final shot ___
   ii. Medical/disability reasons ___
   iii. Sincerely held spiritual or religious belief, practice, or observance ___

(3) I plan to or have file(d) a COVID-19 Vaccine Exemption Form? Yes or No.

I hereby agree that, regardless of my vaccination status, I will be required to adhere to the COVID-19 Addendum to the Student Handbook, and all other relevant Mercy College COVID-19 policies and guides as may be implemented and updated in accordance with relevant local, state and federal guidelines and orders. I understand that if I am not fully vaccinated and am required to come to campus or affiliated location, I may be required to adhere to additional safety requirements, including but not limited to, continued mask-wearing and social distancing, mandatory regular surveillance testing. There may also be limitations on my ability to attend certain in-person campus events or activities. I also acknowledge that as a member of the Mercy College community, I shall respect any and all individuals who wear a mask, regardless of whether they may or may not be vaccinated. In the event that the campus sees a rise in COVID-19 cases, I may be restricted from coming to Mercy’s campuses and may have to take classes online.

_________________________________________  ____________________________________
Student Signature                      Date
COVID-19 Student Vaccination Exemption Form

I acknowledge I am aware of the following facts regarding SARS-CoV-2 (the virus that causes COVID-19):

- SARS-CoV-2 is a serious respiratory disease; greater than half-a-million Americans died in 2020-21 from SARS-CoV-2-related causes;
- SARS-CoV-2 virus shedding may occur in individuals for up to 48 hours before symptoms begin, increasing the risk of transmission to others;
- Some people with SARS-CoV-2 have no symptoms, increasing the risk of transmission to others;
- SARS-CoV-2 virus changes often, making vaccination necessary;
- I understand that the COVID-19 vaccine cannot transmit SARS-CoV-2 and it does not prevent all disease;
- I acknowledge that COVID-19 vaccination is recommended by the Centers for Disease Control and Prevention for anyone over the age of 12 years in order to prevent infection from and transmission of SARS-CoV-2 and its complications, including death, to my friends, my family and community;
- I understand that getting vaccinated myself may also protect people around me, including those who are more vulnerable to serious COVID-19 illness (i.e. infants, young children, older adults and individuals with certain chronic health conditions);
- I acknowledge that by declining the vaccine that I am more susceptible to the illness; and
- I understand the CDC recommends COVID-19 vaccination, but in the context of the COVID-19 pandemic, states it is even more important in order to reduce illnesses and preserve scarce health care resources.

I acknowledge I am aware of the following Mercy College requirements, as applicable:

- I understand that the COVID-19 vaccine is required for all Mercy College students attending any classes, activities or events on any of Mercy’s campuses or sponsored by Mercy off-campus.
- I understand that the COVID-19 vaccine is required to reside in any on-campus housing at Mercy College.
- I understand that the COVID-19 vaccine is required to participate in any NCAA-related activity.
- I understand that the COVID-19 vaccine is required to participate in the Study Abroad Program.
- I understand that the COVID-19 vaccine is required to participate in all clinical and experiential placements relating to Mercy College academic programs.

Knowing these facts and Mercy College’s vaccination requirements for students, I choose to decline vaccination at this time. I may change my mind and accept vaccination later. I have read and fully understand the information on this exemption form. I freely and voluntarily assume all risks of my decision to decline vaccination, including the risk of severe illness or death, as well as the risk posed to community members around me. I further understand that, in addition to being required to adhere to all COVID-19-related College policies, rules and guides, including the COVID-19 Addendum to the Student Handbook, I may be required to adhere to additional measures to ensure the safety of the campus community is maintained which may include, but not be limited to: continued mask-wearing and social distancing at all times, mandatory surveillance testing, and my participation in on-person campus activities and events may be limited.
I decline vaccination for the following reason:

___ Sincerely held spiritual or religious belief, practice, or observance (statement form attached)

___ I have an allergy or medical contraindication to receiving the vaccine (physician statement attached)

___ I intend to be fully distance learning and shall not attend any on-campus, in-person classes, activities, or events.

Print Name _________________________________   CWID ________________________________

Signature __________________________________    Date      _______________________________

Parent Signature (if student is a minor, under 18 years old):

____________________________________________

Submit completed forms to the Office of ACCESSibility on or before August 1st for review. All forms must have the relevant statement completed for approval. A separate form is required for exemption from other, state-mandated vaccinations (such as MMR), which can be found here. *Please note that this form and any supporting documentation shall be kept confidential, shall be kept separately from student records and shall not be used against students in any way.
Medical or Allergy Exemption Instructions:

Please read the following information:

- The COVID-19 vaccination is recommended by the CDC to protect myself and others from COVID-19.
- I understand that I could be exposed to COVID-19 in the community and could bring the virus into the community.
- If I contract the virus, I can shed the virus before I even develop any symptoms and could spread it to students, my coworkers and my family.
- If my medical condition changes and I am able to have the vaccination in the future, I will notify the Office of ACCESSibility.

Medical or Allergy Certification:
By my signature below, I acknowledge that I have read and fully understand the information on this form. I understand that Mercy College is mandating all in-person students receive a COVID-19 vaccination unless I am granted an exemption. With knowledge of above, I am requesting an exemption from the COVID-19 vaccine for medical/allergy reasons. I agree that if I am granted an exemption, I will comply with the requirements as set out as part of that exemption, which includes wearing a mask over the nose and mouth while on campus and following social distancing guidelines, among other safety requirements as the College deems necessary and appropriate.

Student Signature ___________________________ Date ______________

To be completed by your Physician:

______________________________ (Student’s Name) is under my care and is not able to receive a COVID-19 Vaccination due to the following contraindications/precaution(s): __________

__________________________________________________________________________

______________________________________________________________________________

Date exemption ends (if applicable): ______________________________

Name: ______________________________________ Medical License #: ________
Address: ___________________________ Telephone: __________________________

Physician Signature ___________________________ Date ______________

Should you have any questions, please contact Mercy College’s Health Office at 914-674-7255 or cpowers5@mercy.edu.

Thank you.

Colleen Powers FNP-BC
Director of Health and Wellness,
Spiritual or Religious Belief Exemption Instructions:

Please read the following information:

- The COVID-19 vaccination is recommended by the CDC to protect myself and others from COVID-19.
- I understand that I could be exposed to COVID-19 in the community and could bring the virus into the community.
- If I contract the virus, I can shed the virus before I even develop any symptoms and could spread it to students, my coworkers and my family.
- If my religious beliefs change in the future, I will notify the Office of ACCESSibility.

In support of your request for an exemption from the required COVID-19 vaccine, please describe in detail the nature of your sincerely held spiritual or religious belief, practice, or observance that is the basis for your exemption request (attach additional page if necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Spiritual or Religious Belief Certification:

By my signature below, I acknowledge that I have read and fully understand the information on this form. I understand that Mercy College is mandating all in-person students receive a COVID-19 vaccination unless I am granted an exemption. With knowledge of above, I am requesting an exemption from the COVID-19 vaccine for spiritual or religious belief reasons. I further certify that receiving the COVID-19 vaccine would violate my sincerely held spiritual or religious belief, practice, or observance and that this is the reason for my exemption request. I agree that if I am granted an exemption, I will comply with the requirements as set out as part of that exemption, which includes wearing a mask over the nose and mouth while on campus and following social distancing guidelines, among other safety requirements as the College deems necessary and appropriate.

________________________________________________________________________
Student Signature

________________________________________________________________________
Date