

Washington Gubernatorial Proclamation 21-14 COVID-19 Vaccination Requirement Compliance Form

The purpose of this document is to provide clinic operators with the documentation necessary to comply with Proclamation 21-14 et seq. Section 7 must be completed by Employer and signed by both Employer and Employee. All other sections may be completed either by Employer or Employee, and signed by Employee where indicated. Only one section of Sections 3, 4, 5, and 6 should be completed. If completing sections 3 or 4, supporting documentation must accompany this document. See additional disclaimers on the reverse side.

SECTION 1

Clinic/Practice Name

Employee Name

Employer/Supervisor Name

SECTION 2

Employee has been informed of their obligation as a healthcare worker defined in the Proclamation to disclose their COVID-19 vaccination status and/or need for a medical or religious accommodation modifying the vaccination requirement. Employee declares that they:

Are fully vaccinated Request a medical accommodation Request a religious accommodation Will not comply with the proclamation

SECTION 3 - Complete only if Employee is vaccinated, then skip to Section 7

Employee received the following COVID-19 vaccine doses on the stated dates. Evidence of these vaccinations in the following form is attached here.

Johnson & Johnson: ____/____/____ Pfizer or Moderna: ____/____/____ & ____/____/____

CDC Vaccination Card EHR or Provider Documentation State Immunization Record MyIRmobile Vaccination Certificate

SECTION 4 - Complete only if Employee is requesting a medical accommodation, then skip to Section 7

Indicate the nature of the medical condition or disability that contraindicates COVID-19 vaccination. Attach supporting documentation to this form.

Is this condition or disability confirmed by a licensed healthcare provider qualified to diagnose and treat the condition/disability? YES NO

If confirmed by a qualified healthcare provider, what is the expected duration of the contraindication? INDEFINITE _____

Employee acknowledges that once the contraindication no longer exists, they must inform Employer and will then be required to comply with all other terms of the Proclamation.

Employee further acknowledges that failure to comply, or to report a change in contraindication status, will result in Employee no longer being permitted to work in the clinic.

Employee Signature

Date

SECTION 5 - Complete only if Employee is requesting a religious accommodation, then skip to Section 7

Briefly describe how the use or acceptance of the available COVID-19 vaccines conflicts with Employee's religious beliefs, observances, or practices. Attach additional pages if needed.

Have you ever been vaccinated and, if so, how did that differ from the COVID-19 vaccines? YES (explain below) NO

Does Employee profess that this religious belief, observance, or practice is sincerely held? YES NO

SECTION 6 - Complete only if Employee will not comply with Proclamation 21-14, then proceed to Section 7

Employee has been informed of the requirements of Proclamation 21-14 and is aware that failure to comply, either through vaccination or requesting and obtaining a reasonable accommodation, will result in their not being permitted to work in the clinic after October 18, 2021. Employee has also been informed that, if exercising this option, their employment separation will be deemed voluntary and non-punitive. Although employee may become eligible for rehire once compliant, their eligibility for unemployment insurance may be negatively affected in the interim by this decision. Knowing this, Employee still elects to decline vaccination or to request a reasonable accommodation.

Employee Signature

Date

SECTION 7 - To be completed by Employer and signed by both Employer and Employee

Employer/Supervisor has reviewed the foregoing declarations and/or requests for accommodations, as well as any necessary supporting documentation. Employer/Supervisor has determined that Employee HAS HAS NOT satisfactorily complied with the requirements of Proclamation 21-14 and IS IS NOT permitted to continue working in this clinic/practice after October 18, 2021. The following accommodations are granted and must be complied with in order for Employee to continue working:

None Permanent vaccine exemption Temporary vaccine exemption Modified working conditions (explained below)

If Employer is not granting an accommodation, describe the reasoning for this decision (e.g., undue hardship, insufficient documentation, insufficient proof of sincere belief, etc.):

Employer/Supervisor Signature

Date

Employee Signature

Date

Disclaimers

- The Washington State Chiropractic Association provides this document as a courtesy to assist providers and the operators of healthcare facilities in complying with the Proclamation.
- Every employee, contractor, and volunteer performing any kind of work in the clinic--whether or not directly interfacing with patients--must disclose the information requested in this document. If at anytime the circumstances relating to any individual employee, contractor, or volunteer changes such that a previously completed form is no longer accurate, that individual and the employer must replace the previous version with a newly completed form reflecting the new circumstances.
- If a new employee, contractor, or volunteer is hired on or after October 18, 2021, they must complete this form. Per the Proclamation, operators of healthcare facilities are required to maintain this documentation and any supporting documents until the end of the of COVID-19 state of emergency or until the Proclamation is rescinded or amended, whichever occurs first.
- Operators of healthcare facilities are also required to produce these documents to the lawful authorities listed in the Proclamation upon request. Failure to do so may result in civil and/or criminal penalties.
- With the exception of presentation to lawful authorities, employers should treat this document and any supporting documentation as they would a confidential medical record and restrict access to it in accordance with their established personnel policies.
- All information and supporting documentation included with this form must be completely true and accurate, to the best knowledge of both the Employer and Employee. Falsifying any information herein may result in additional civil or criminal penalties.
- **This document is not legal advice and does not guarantee compliance with Proclamation 21-14.**
- This document reflects the steps and supporting documentation necessary to comply according to a review of all state-produced guidance available as of the time of this document's publication. Changes to gubernatorial or Department of Health directives subsequent to the publication date listed at the bottom of this page are not reflected in this document and may affect its utility as a method of complying with the Proclamation.
- Proclamation 21-14 touches on several areas of law, each with its own unique complexities. If you are unsure of your specific liabilities as an employer, healthcare provider, or business owner, it is recommended that you consult with an attorney specializing in one or more of those fields.
- The Washington State Chiropractic Association is not responsible for the completion, maintenance, or production of this document and/or the supporting documents required by it.
- **It is the sole responsibility of the employer to ensure all necessary documentation for compliance with Proclamation 21-14, and its subsequent iterations or superceding orders, are properly completed, maintained, and produced to lawful authorities upon request. Failure to do so may result in civil and/or criminal penalties.**
- If you as an employer, healthcare provider, or business owner are informed that your compliance documentation is incomplete, insufficient, inaccurate, or otherwise invalid, it is recommended you immediately consult with an attorney.
- The Washington State Chiropractic Association can refer you to attorneys specializing in various fields of law that may be able to assist you.