

SARS-CoV-2 ("COVID-19") VACCINATION AND MITIGATION POLICY FOR EMPLOYEES

PURPOSE

The Town of East Montpelier strives to protect the health and safety of its employees. Protecting the health and safety of our employees requires that we work together to prevent the spread and ill effects of the SARS-Cov-2 virus ("COVID-19"). According to the Vermont Department of Health, vaccines are the most effective tool to help slow the spread of COVID-19.

In response to the continuing health crisis caused by the COVID-19 pandemic, the Town of East Montpelier implements a vaccination and mitigation policy to help protect its employees and minimize exposure to and effects of COVID-19.

POLICY

As of _____, all Town of East Montpelier employees will be required to attest that they are fully vaccinated from COVID-19 or comply with mitigating measures. Fully vaccinated means that fourteen (14) days have passed since receiving a single-dose vaccine or the second dose of a two-dose vaccine series. Anyone who does not verify or attest that they are fully vaccinated will be required to submit proof of a negative COVID-19 PCR test result every seven (7) days and will be required to wear an appropriate face covering at work that covers both their nose and mouth.

All Town of East Montpelier employees are encouraged to get a COVID-19 vaccine as soon as possible. Vaccines are available free of charge. You may register for a vaccination appointment at the Department of Health or at local pharmacies.

ATTESTATION

The information provided in the Attestation must be truthful and complete.

To sign or attest that you have been fully vaccinated, fourteen (14) days must have passed since the employee has completed a single-dose vaccine or completed the second of a two-dose series vaccine for the COVID-19.

By signing below, I acknowledge that I have read the above policy and my obligations. I understand that I may be required to furnish proof of any representation made in this attestation.

____ Having reviewed the above information and understanding its content, I hereby attest that I am fully vaccinated against COVID- 19.

Employee Signature

Date