



COVID-19 Vaccination Policy

As part of Second Helpings' commitment to the health and safety of our staff, students, volunteers, members of their household, and the public at large, **Second Helpings requires vaccination against COVID-19 for all staff, students, and volunteers effective November 19, 2021.**

Since the earliest days of the pandemic, Second Helpings has focused on following the best available science to protect the health and safety of staff, volunteers, and students, while working to provide nutritious meals for the agencies, families, and individuals who rely upon them for their food security. These efforts have been critically important as people throughout our community experienced widespread disruptions to food access due to income loss, COVID risk factors, agency closures, and other factors. In response, Second Helpings took unprecedented steps to ensure continuity of operations and expand service capacity, with the assistance of local foundations, businesses, and state and local government. These partnerships made it possible for Second Helpings to more than double its services to the community, create new service models to reach those who were homebound due to quarantine or health risk factors, and to invest hundreds of thousands of dollars in facilities improvements to improve air quality, protect against transmission, and increase capacity.

As the pandemic has progressed, we have learned more about how it is transmitted and the factors that increase the risk of transmission. Vaccination protects not just us, but those in our community whose age or health factors prohibit vaccination, as well as our co-workers, our students, volunteers, and their families.

In our current environment, vaccination is more than a personal preventative health measure, it is critical to Second Helpings' ability to provide a safe place for our staff to work, our students to learn, and our community to engage in the mission.

[Vaccines are widely available](#) in Indiana at no cost. **Information about vaccine sites and the vaccine they are offering, as well as links to register are available at ourshot.in.gov or you can call 211 for assistance.**

All staff members, temporary staff, students, and volunteers will be required to provide documented proof that they are fully vaccinated against COVID-19. A CDC vaccination card or a vaccination certificate issued by the State of Indiana will be accepted as documentation. For the purposes of this policy, individuals will be considered fully vaccinated 14 days after receiving a single dose vaccine or the final dose of a 2-dose series.

Second Helpings does not currently require proof of updated booster shots, though boosters are highly encouraged. Staff are welcome to get their boosters as a part of their workday.

Newly hired staff must comply with this policy as a condition of employment and must have received both doses of a two-dose series of the COVID-19 vaccine or the single dose vaccine prior to their first day of work.

October 3, 2022

All volunteers, including regular volunteers, group volunteers, family group volunteers, and community service volunteers must show documentation that they are fully vaccinated to in order to begin their volunteer shift.

Students enrolled in Second Helpings culinary job training and continuing education classes will be permitted to participate in class in person after showing documented proof of vaccination and all students will be expected to comply with this policy.

Unvaccinated staff members and culinary students can seek exemption from the policy by requesting a reasonable accommodation for a medical or a religious reason by completing the appropriate request form, which should be submitted to **VaxExempt@SecondHelpings.org**. Individuals granted an accommodation will be required to follow all current safety protocols and comply with any additional requirements as outlined in their exemption approval and any subsequent notices.

Failure of a staff member to become vaccinated as required above will be grounds for termination of employment. Students who fail to become vaccinated will be terminated from the culinary job training program and may re-apply once fully vaccinated.



**Request for Medical Exemption from COVID-19 Vaccine
for Employees and Culinary Job Training Students**

Name: _____

Address: _____

Email: _____ Phone: _____

Second Helpings’ policy requires that all staff members and students receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition.** Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination.

Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notices.

While Second Helpings will carefully review all requests for medical exemptions, approval is not guaranteed. After your request is reviewed, you will be notified in writing, whether an exemption has been granted. If an approved exemption has an expiration date, you will be expected to become fully vaccinated at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation will be required.

Medical Exemption Process

- **Complete and sign this form;**
- **Have your Licensed Health Care Provider complete the Health Care Provider Statement**
- **Submit the completed documents to VaxExempt@SecondHelpings.org**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at once.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my current medical condition. I understand and assume the risks of non-vaccination.
	I understand that as I am not vaccinated, to protect my own health and the health of those around me, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	Should I contract COVID-19, I will <u>immediately</u> report it to Second Helpings and comply with all isolation and quarantine procedures.
	I understand and agree to comply with all Second Helpings COVID-19 policies and procedures.
	I authorize my licensed health care provider to share information about my medical condition with Second Helpings for the purpose of reviewing my request for an exemption.
	I understand that, if approved, this exemption is based on the current Second Helpings COVID-19 vaccination policy and is subject to change.
	I certify that the information provided in this request is accurate and complete. I understand this exemption may be revoked and I may be subject to termination of employment or enrollment if any of the information I provided in support of this exemption is false.

Signature: _____ Date: _____



Request for Medical Exemption from COVID-19 Vaccine
Health Care Provider Statement

Attention Health Care Provider:

Second Helpings policy requires that all employees and students be fully vaccinated against COVID-19. _____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

Option 1 – Allergy

- A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine. NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.
 - Moderna - List the component(s): _____
 - Pfizer - List the component(s): _____
 - Janssen/Johnson&Johnson - List the component(s): _____

- A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine that was so serious that an additional dose is not recommended. Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction.
 - Moderna - Date of Vaccine & Reaction: _____
 - Pfizer - Date of Vaccine & Reaction: _____
 - Janssen/Johnson&Johnson - Date of Vaccine & Reaction: _____

Option 2 – Physical Condition/Medical Circumstance

- The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:

Option 3 - Other

- Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability that would exempt this individual from vaccination:

Explanation:

Duration

The condition warranting an exemption from vaccination is:

- Permanent
- Temporary

Expiration _____

Certification

I certify that _____ (patient name) has the above contraindication or physical circumstance and support the request for a medical exemption from the COVID-19 vaccine requirement at Second Helpings.

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone number: _____



**Request for Religious Exemption from COVID-19 Vaccine Form
for Employees and Culinary Job Training Students**

Name: _____
 Address: _____
 Email: _____ Phone: _____

Second Helpings’ policy requires that all staff members and students receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Second Helpings is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notices.

While Second Helpings will carefully review all requests for religious exemptions, approval is not guaranteed. After your request has been reviewed, you will be notified, in writing, whether it has been granted or denied.

Religious exemption process:

- **Complete and sign the following page of this form;**
- **Complete the Personal Statement Form;**
- **Have your religious leader complete the Religious Organization Statement Form; and**
- **Submit the completed documents to VaxExempt@SecondHelpings.org**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at once.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs.
	I understand and assume the risks of non-vaccination. I understand that as I am not vaccinated, to protect my own health and the health of those around me, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	Should I contract COVID-19, I will immediately report it to Second Helpings and comply with all isolation and quarantine procedures.
	I understand and agree to comply with all Second Helpings COVID-19 policies and procedures.
	I understand that, if approved, this exemption is based on the current Second Helpings COVID-19 vaccination policy and is subject to change.
	I certify that the information provided in this request is accurate and complete. I understand this exemption may be revoked and I may be subject to termination of employment or enrollment if any of the information I provided in support of this exemption is false.

Signature: _____ Date: _____



Request for Religious Exemption from COVID-19
Personal Statement

Name: _____

Address: _____

Email: _____ Phone: _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against receipt of the COVID-19 vaccination.

Signature: _____ Date: _____



Request for Religious Exemption from COVID-19
Religious Organization Statement Form

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____ Date: _____