**Associated Staff/Agency or Organization Attestation regarding the COVID-19 Vaccine**

Associated Staff/Agency or Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date presented to Associated Staff/Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As of October 18, 2021, all healthcare facilities in Oregon will be required to comply with Governor Brown’s Administrative Order mandating all individuals who work in or volunteer in a healthcare setting or who have the potential for direct or indirect exposure to residents be fully vaccinated against COVID-19, unless an appropriate exemption request has been completed and granted. (OAR 333-019-1010) *[Name of Organization]* is a continuing care retirement community and your work on our campus falls into the category outlined by the mandate.

The full administrative rule can be accessed at: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=280799> Key elements from this rule, as it relates to your work with *[Name of Organization]* include:

*An employer of healthcare providers or healthcare staff, a contractor, or a responsible party may not employ, contract with, or accept the volunteer services of healthcare providers or healthcare staff persons who are working, learning, studying, assisting, observing or volunteering at a healthcare setting unless the healthcare providers or healthcare staff persons are fully vaccinated against COVID-19 or have a documented medical or religious exception.*

*[Name of Organization]* interprets this rule to include staff/agency/outside contractors/other responsible parties (such as educational institutions) who have a contractual relationship with *[Name of Organization]*, and anyone who comes into the facility. **This includes, but is not limited to hospice workers, staffing agencies, rehabilitation services staff, dining services, home care staff, private caregivers/companions, salon staff, job support staff, volunteers, and students participating in a school and *[Name of Organization]* sponsored programs, among others.**

As a contracting agency/outside partner/volunteer/job support program or others who fall within the definitions, keeping proof of vaccination information, including an approved request for a medical or religious exemption, for your employees and service providers will be your responsibility. The forms that must be used for an employee to request an accommodation may be found at: [*OHA 3871A Instructions for filling out the COVID-19 Medical Exception Request Form and the COVID-19 Religious Exception Request Form (state.or.us)*](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3871a.pdf) It is your obligation to have the completed form and interactive process documentation on file.

If an accommodation is granted by you, anyone entering *[Name of Organization]* property must meet our accommodation expectations, including the increased PPE expectations. Specifically:

* Complete an at least weekly COVID-19 test, unless informed by *[Name of Organization]* Human Resources that a different testing schedule is approved.
* Follow *[Name of Organization]* policies, state guidance and/or mandates regarding wearing appropriate facemasks (N95 or KN95 only) in an appropriate manner. An appropriate manner means you must have your mouth and nose covered at all times, except when actively eating or drinking.
* Wear eye protection, such as a face shield at all times (this is not a substitute for a mask but is in addition to a mask).
* Consistently practice physical distancing and Infection Control protocols, as well as comply with other *[Name of Organization]* policies and procedures related to unvaccinated employees.

You are responsible for facilitating the testing, providing the appropriate PPE (including facemasks and face shields) as well as monitoring compliance with the accommodation expectations. If *[Name of Organization]* observes your representative out of compliance with the expectations, you will be notified and expected to address the situation immediately.

Please make files available for review should our state surveyors request to see documentation. It is your responsibility to ensure the vaccination records, and/or exemption requests and approved accommodations, meet the expectations of the rule. A personal attestation is not sufficient proof of vaccination. The state defines proof of vaccination as:

*“…documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual’s name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority’s immunization registry.*

If you have a question on the acceptable procedures, please contact *[Name of Organization]* *[name/title of person to contact]* at *[email]*

If we request the attestation document regarding the vaccine status of your employees from your Company, a copy will be kept on file at *[Name of Organization]*.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (associated staff or agency) attests they have read and understand that any worker, volunteer or student that is providing services at or to *[Name of Organization]* is either fully vaccinated by October 18, 2021 or has completed a medical or religious exemption form supplied by OHA.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (associated staff or agency) agrees to provide documentation of employee, volunteer or student vaccination status if requested by *[Name of Organization]*.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will review *[Name of Organization]*’s accommodation requirements and ensure the individual will comply with such requirements before allowing an individual granted an accommodation under a medical or religious exemption to provide services at *[Name of Organization]*.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to inform *[Name of Organization]* when a representative is working under an accommodation that requires adherence with *[Name of Organization]* increased PPE expectations as outlined above.

This form must be returned to *[Name of Organization]* Human Resources within 10 days from the date on this letter or before services are performed, whichever is soonest.

Associated Staff/Agency or Organization Name Date

Agency or Organization Representative Signature Date

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| Associated Staff/Agency or Organization Contact Name and Contact Information: |

Return completed Attestation to:

*[Name of Organization]*

Attn: Vaccine Policy Attestation

*[Address of Organization]*

May be faxed to HR Confidential Fax: *[fax number]*

Or email to : *[email of who to contact]*