

## Sun Valley Company Employee Housing Influenza and COVID Immunization Policy

**EFFECTIVE DATE: 10/14/2020**

**Updated: 4/5/2022**

### **PURPOSE:**

Sun Valley holds itself to high standards of preventative health measures in its Employee Housing facilities. In order to mitigate the risk of communicable diseases being transmitted throughout our housing population, compliance with this policy is a condition of living in housing located on Sun Valley property ("Employee Housing"). Any employee refusing to comply with this policy, effectively waives their eligibility for Employee Housing.

**SCOPE:** This policy applies to ALL employees who live in Employee Housing.

**POLICY:** In order to better protect all employees living in Employee Housing, Sun Valley Company is requiring an annual Influenza and COVID-19 immunizations (if and/or when they become available). In the event an employee living in Employee Housing does not have health insurance or their health insurance does not cover the cost of the required immunizations, Sun Valley Company will reimburse the employee for all required immunizations upon providing a valid receipt. All Sun Valley Company Employee Housing residents will need to receive the available required immunizations within five days of moving in, or they will no longer be eligible to continue living in Employee Housing. All residents who have received two doses of Covid-19 immunization will need to provide proof of booster within 30 days after 5 months of immunization to remain eligible to continue living in employee housing. All residents who have received the one dose J&J Covid-19 immunization will need to provide proof of booster within 30 days after 2 months of immunization to remain eligible to continue living in Employee Housing.

In the event the COVID-19 immunization is not available within five days of an employee moving in, then the resident must receive the COVID-19 immunization within two days after it becomes available for continued eligibility to live in Employee Housing.

All year round Employee Housing residents will need to provide proof of seasonal flu vaccination by October 1<sup>st</sup> each fall in which Employee Housing residency will continue, or within 2 weeks after arrival if arriving between October 1<sup>st</sup> and May 1<sup>st</sup>.

### **WAIVER REQUESTS**

Employee Housing Residents may request a waiver from this policy by submitting a waiver request form to Sun Valley Company's Human Resource Director for valid medical contraindications, medical precautions, or religious beliefs. Personal and/or philosophical objections to vaccinations are not considered sufficient justification for granting a waiver. All Employee Housing Residents seeking influenza immunization waivers must receive approval two weeks prior to their scheduled move in date (i.e. waiver requests must be submitted annually).

The following instructions should be followed, depending on type of exemption requested:

1. *Medical Waiver:* Complete the waiver request form and attach a note signed by your licensed physician on the physician's letterhead detailing your medical contraindication or precaution to the immunization.
2. *Religious Waiver:* Complete the waiver request form and attach a signed statement on church letterhead from your faith's chaplain or church official that explains the specific faith-based teachings that oppose immunizations.

**See next page for waiver form**

## Waiver Form for Annual Influenza Immunization and Covid-19 Immunization

Name of Employee Housing Resident: \_\_\_\_\_

Department: \_\_\_\_\_

I hereby attest that (please check all that apply):

### Influenza Immunization

- My licensed physician has advised me against the Influenza immunization due to specific medical condition(s). Attached is my physician's signed note (on the physician's letterhead) describing my medical condition(s).
- My sincerely held religious belief is opposed to being vaccinated against Influenza. Attached is a signed statement, on church letterhead, from my faith's chaplain or official that explains the specific faith-based teachings that oppose immunizations.  
Name of my religious affiliation or belief: \_\_\_\_\_.

### COVID-19 Immunization

- My licensed physician has advised me against Covid-19 immunization (if/when one becomes available) due to specific medical condition(s). Attached is my physician's signed note (on the physician's letterhead) describing my medical condition(s).
- My sincerely held religious belief is opposed to being vaccinated against Covid-19. Attached is a signed statement, on church letterhead, from my faith's chaplain or official that explains the specific faith-based teachings that oppose immunizations.  
Name of my religious affiliation or belief: \_\_\_\_\_.

I am hereby requesting a waiver from receiving the Influenza immunization and/or Covid-19 immunization (if/when one becomes available). I understand that it is my responsibility to request the influenza immunization and/or Covid-19 immunization if I change my mind in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_