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**CLINICAL.001.01****VOLUNTARY COVID-19 VACCINATION POLICY****I. PURPOSE**

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To help protect Global Medical Response (GMR) employees, patients, and families from acquiring COVID-19 and to help prevent the unnecessary spread of COVID-19 between employees, non-employees, patients, and families, GMR has implemented this Voluntary COVID-19 Vaccination Policy.

GMR strongly encourages all employees to receive the COVID-19 vaccine. GMR employees who do not receive the COVID-19 vaccine continue to be at risk of contracting COVID-19 themselves and potentially causing patients, other employees, as well as family members and friends to become seriously ill or possibly die if they contract COVID-19 from you.

Therefore, it is important to both GMR as well as all our employees, that as many of you who are safely able to receive the COVID-19 vaccine, participate in our voluntary vaccination program.

**II. DEFINITION**

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GMR employees include: all employees who perform any direct patient care or administrative or support services as an employee of any of the GMR family of companies. This includes not just frontline employees engaging in patient care and/or patient transportation activities, but also employees engaged in billing or other administrative functions on behalf of GMR.

**III. POLICY**

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GMR strongly recommends that all employees receive the COVID-19 vaccine.

**IV. PROCEDURE**

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**A. Vaccines Provided to All Staff**

If GMR is able to obtain COVID-19 vaccines for internal distribution, GMR will provide the COVID-19 vaccine for all employees. All GMR employees will receive the vaccine free of charge through GMR.

Alternatively, employees need not be vaccinated by GMR if the employee received the COVID-19 vaccination from another source. Employees who do so are requested to provide written verification that they have already

received the vaccine. GMR will not reimburse employees who receive a COVID-19 vaccination from another source.

#### **B. Exceptions to Vaccination**

All employees of GMR are strongly encouraged to receive the COVID-19 vaccine, unless the employee:

- a. Has already received the COVID-19 vaccine from another source;
- b. Has an allergy to the vaccine or any of its components or has other significant allergy issues that makes receiving the COVID-19 vaccine not medically recommended;
- c. Has another medical condition that prevents the employee from receiving the COVID-19 vaccine; or
- d. Has a sincerely held religious belief that prevents the employee from receiving vaccinations. Sincerely held religious beliefs do not include any personal opinions the employee may have concerning the COVID-19 vaccine or vaccines in general.

#### **C. Vaccination Declination Procedures**

All employees of GMR declining to receive the COVID-19 vaccination are requested to check the declination box within the COVID Vaccination application available in the employee credential documentation system.

Since the COVID-19 vaccination is voluntary (i.e., it is your choice whether to be vaccinated), your decision to answer any pre-screening questions about disability-related questions or sincerely held religious beliefs that would prelude you from getting the vaccine is also completely voluntary. If you are not receiving the vaccine, you do not have to answer these questions if you do not wish to do so.

#### **D. New Employee Vaccinations**

New employees who have not already received the COVID-19 vaccine according to the manufacturer's recommendations are also strongly encouraged to receive the COVID-19 vaccination. GMR will make every effort to assist new hires who have not already received the COVID-19 vaccination to receive the COVID-19 vaccination (depending on the availability of the COVID-19 vaccine at the date of hire).

- E.** New employees who have already received the COVID-19 vaccination from another source should complete the application and upload proof of vaccination in the appropriate credential management system. **Side Effects**

Since the COVID-19 vaccination is voluntary, employees who experience side effects potentially attributable to the vaccine should report them to their supervisor. All employees who receive the COVID-19 vaccine through GMR or another health provider and experience side effects causing them to miss work may use any PTO/sick time available or take time without pay.

**F. Vaccine Consent Form**

At such time the COVID-19 vaccine is available through GMR, employees will be required to fill out, sign, and date the appropriate COVID-19 Pre-Vaccination Checklist Form prior to receiving the COVID-19 vaccine.

**G. No Retaliation**

If an employee chooses not to disclose the reason(s) why he or she is declining the vaccination, GMR] and the management, owners and supervisory staff of GMR] will not retaliate against, intimidate, or threaten any employee for opting not to disclose his or her reason for declining the vaccination.

Further, GMR and the management, owners and supervisory staff of GMR] will not retaliate against any employee for exercising any rights under any federal, state or local laws or regulations.

**H. Questions About This Policy**

Any questions or concerns about the voluntary COVID-19 vaccination program, or this policy, should be directed to GMR Clinical, Safety and Risk or HR representatives

**V. POLICY REVIEWS**

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This policy will be reviewed on an annual basis or as changes in procedure require a more frequent update.

**VI. POLICY RETENTION**

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Revised or replaced policies will be retained for a minimum of seven years, unless otherwise stated by the GMR Data Retention Policy. These must be archived and accessible if requested by legal counsel.


**VII. POLICY POSTING**

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This policy will be posted to the policy library on the Policy Management System (PMS) at the appropriate disclosure level. This will be the only official posting of company policies, and the posted policies will be the only ones approved for use.

APPENDIX

### Pre-Vaccination Checklist for COVID-19 Vaccines



For vaccine recipients:  
The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. **If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.** It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name \_\_\_\_\_  
Age \_\_\_\_\_

None of the information below has changed since my first dose of the vaccine.

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
<ul style="list-style-type: none"> <li>• If yes, which vaccine product?</li> <li><input type="radio"/> Moderna</li> </ul>			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?			
<ul style="list-style-type: none"> <li>• Was the severe allergic reaction after receiving a COVID-19 vaccine?</li> <li>• Was the severe allergic reaction after receiving another vaccine or another injectable medication?</li> </ul>			
4. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
5. Have you received another vaccine in the last 14 days?			
6. Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
7. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
8. Do you have a bleeding disorder or are you taking a blood thinner?			
9. Are you pregnant or breastfeeding?			

First Dose Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Dose Signature \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by \_\_\_\_\_ Date \_\_\_\_\_

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