

consulting, training, construction, maintenance, and vendor services, on property owned or leased in any capacity by the Board of Regents and/or an institution or sponsored event, must have completed a COVID-19 vaccination series.

Section 12.11 Miscellaneous Vaccine Provisions

A. Boosters

The Employee COVID-19 Vaccine Requirement does not apply to any COVID-19 booster doses that may subsequently be authorized or recommended by the Centers for Disease Control and Prevention (CDC) or the United States Food and Drug Administration (FDA) after the effective date of this Chapter.

B. Vaccine Unavailability

If at any time between October 1, 2021, and December 1, 2021, a shortage in the availability of a COVID-19 vaccine occurs within the State of Nevada that renders the ability of employees to receive the vaccine impossible after good faith and reasonable attempts to do so, the Board of Regents shall reconsider the timelines set forth in this Chapter.

C. False or Misleading Information

Any employee who knowingly and willfully provides false, fraudulent, or forged documentation or provides false or misleading information to their respective Office of Human Resources regarding their COVID-19 vaccination status shall be terminated for cause and may be reported to the Office of the Nevada Attorney General and/or the United States Attorney's Office, District of Nevada for possible criminal prosecution.

Section 12.12 Interpretation, Implementation, and Forms

Any ambiguity or inconsistency in the interpretation of the provisions of this Chapter or omission or unforeseen circumstance in its implementation, including

the need to periodically update any required forms, may be resolved by the Office of the Chief General Counsel in consultation with the Human Resources Advisory Council in a manner that is consistent with this Chapter's purpose and intent.

Section 12.13 Effective Date

This Chapter shall become effective upon approval by the Board of Regents on September 30, 2021.

Section 12.14 Medical Condition Waiver Request



**EMPLOYEE COVID-19 VACCINE REQUIREMENT
MEDICAL CONDITION WAIVER REQUEST AND CERTIFICATION**

CONFIDENTIAL

Board of Regents of the Nevada System of Higher Education

Instructions for completing this Waiver Request.

1. **Section 1:** To be completed by Employee: Employee and Institution Information.
2. **Section 2:** To be completed by Employee: Employee Certification.
3. **Section 3:** To be completed by Health Care Provider: Medical Condition Certification.
4. **Section 4:** To be completed by Office of Human Resources (*Official Use Only*).

SECTION 1: EMPLOYEE AND INSTITUTION INFORMATION (To be completed by EMPLOYEE)		
Employee Name:	Address:	Telephone Number(s): Office/Work: (___) _____ Home/Cell: (___) _____
NSHE Institution:	Office/Work Location:	Office/Work Email Address:

SECTION 2: EMPLOYEE CERTIFICATION (To be completed by EMPLOYEE)

Employee acknowledges, consents, and agrees to the following:

1. NSHE and its officials, including, but not limited to, Office of Human Resources, the Employee COVID-19 Waiver Request Review Committee, and health care experts outside of NSHE, may have access to information contained in this Waiver Request, Employee's personnel file, and other information as necessary to evaluate and review this request. PLEASE NOTE: Individuals having access to Employee's medical information will be required to maintain its confidentiality and it will be used for official purposes only.
2. NSHE and its officials may contact the health care provider listed on this Waiver Request to verify the information provided.
3. If this Waiver Request is granted, Employee may be required to comply with alternative policies and protocols as determined by NSHE and its officials to maintain the health and safety of Employee and all other individuals from COVID-19. Alternative policies and protocols may include, but not be limited to, indoor and outdoor face covering requirements, weekly and/or periodic COVID-19 testing, exclusion from the workplace upon the recommendation of health care professionals due to an outbreak or cluster of the COVID-19 virus. Alternative COVID-19 health and safety policies and protocols for Employee as a condition of granting this Waiver Request may be revised by NSHE and its officials from time to time and as necessary to respond to changing COVID-19 data and recommendations by local, state, and federal government entities.
4. NSHE and its officials may require the information in this Waiver Request to be periodically updated.
5. Failure to provide all required information in this Waiver Request may result in it being denied.

I, _____, hereby certify and request that I be exempt from the Employee COVID-19 Vaccine Requirement because receiving a COVID-19 vaccine series will result in one or more contraindication(s) due to a permanent or temporary medical condition. I further certify and affirm that the information contained in this Waiver Request is being submitted in good faith and is true and correct to the best of my belief and knowledge.

Employee's Signature

Date

SECTION 3: MEDICAL CONDITION CERTIFICATION (To be completed by Health Care Provider)

Health Care Provider Name:	Business Address:	Telephone Number(s): Office/Work: () _____ Home/Cell: () _____
State Licensed:	License Number:	Office/ Work Email Address:

SECTION 3: MEDICAL CONDITION CERTIFICATION (CONTINUED)

PERMANENT CONTRAINDICATION(S)	TEMPORARY CONTRAINDICATION(S)
<p>Check which applies:</p> <p><input type="checkbox"/> A contraindication(s) for a COVID-19 vaccine as recognized by the Centers for Disease Control and Prevention (CDC).</p> <p><input type="checkbox"/> A contraindication(s) for a COVID-19 vaccine as recognized by the manufacturer of the vaccine.</p> <p>State the vaccine(s): _____</p> <p><input type="checkbox"/> The physical condition of the individual or medical circumstances relating to the individual are such that immunization against COVID-19 is not safe and presents an unreasonable risk of harm to the individual.</p> <p>Provide details and an explanation for any permanent contraindication(s) that is checked, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine (provide any additional documentation or attach written pages as necessary):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> A contraindication due to a temporary medical condition.</p> <p>Date Until: _____</p> <p>Provide details and an explanation for any temporary contraindication(s) (provide any additional documentation or attach written pages as necessary):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

I, _____, hereby certify that I am a licensed physician, nurse practitioner, or physician assistant in good standing and I have examined and/or I am familiar with the above-named Employee's medical history and condition. In my professional judgment and opinion, the Employee should be exempted and granted a waiver from the Employee COVID-19 Vaccine Requirement due to a contraindication(s) that would result in harm if the Employee were administered a COVID-19 vaccine series.

Health Care Provider's Signature

Date

-OFFICIAL USE ONLY-

SECTION 4: WAIVER REQUEST REVIEW (To be completed by OFFICE OF HUMAN RESOURCES)		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Insufficient Information	Date(s) Initial Review: _____ Review Committee: _____	Human Resources Official Name: _____ Title: _____

HEALTH AND SAFETY CONDITIONS OF APPROVAL
<p>As a condition of approval, Employee must abide by the following COVID-19 health and safety measures:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Section 12.15 Religious Belief Waiver Request



**EMPLOYEE COVID-19 VACCINE REQUIREMENT
RELIGIOUS BELIEF WAIVER REQUEST AND CERTIFICATION**

CONFIDENTIAL

Board of Regents of the Nevada System of Higher Education

Instructions for completing this Waiver Request.

1. **Section 1:** To be completed by Employee: Employee and Institution Information.
2. **Section 2:** To be completed by Employee: Employee Certification.
3. **Section 3:** To be completed by Employee: Statement of Religious Belief.
4. **Section 4:** To be completed by Office of Human Resources (*Official Use Only*).

SECTION 1: EMPLOYEE AND INSTITUTION INFORMATION (To be completed by EMPLOYEE)		
Employee Name:	Address:	Telephone Number(s): Office/Work: () _____ Home/Cell: () _____
NSHE Institution:	Office/Work Location:	Office/Work Email Address:

SECTION 2: EMPLOYEE CERTIFICATION (To be completed by EMPLOYEE)

Employee acknowledges, consents, and agrees to the following:

1. I understand the serious risk of harm, including illness, permanent disability, and death, a COVID-19 vaccine prevents to myself and others in the workplace and community with whom I may come into contact.
2. I have had the opportunity to discuss the risks and benefits of receiving a COVID-19 vaccine with a qualified health care professional.
3. If this Waiver Request is granted, Employee may be required to comply with alternative policies and protocols as determined by NSHE and its officials to maintain the health and safety of Employee and all other individuals from COVID-19. Alternative policies and protocols may include, but not be limited to, indoor and outdoor face covering requirements, weekly and/or periodic COVID-19 testing, exclusion from the workplace upon the recommendation of health care professionals due to an outbreak or cluster of the COVID-19 virus. Alternative COVID-19 health and safety policies and protocols for Employee as a condition of granting this Waiver Request may be revised by NSHE and its officials from time to time and as necessary to respond to changing COVID-19 data and recommendations by local, state, and federal government entities.
4. NSHE and its officials may require the information in this Waiver Request to be periodically updated.
5. Failure to provide all required information in this Waiver Request may result in it being denied.

I, _____, hereby certify and request that I be exempt from the Employee COVID-19 Vaccine Requirement because receiving a COVID-19 vaccine series will violate my sincerely held religious belief(s). I further certify and affirm that the information contained in this Waiver Request is being submitted in good faith and is true and correct to the best of my belief and knowledge.

Employee's Signature

Date

SECTION 3: STATEMENT OF RELIGIOUS BELIEF (To be completed by EMPLOYEE)

Employee may attach additional pages to the Waiver Request.

-OFFICIAL USE ONLY-

SECTION 4: WAIVER REQUEST REVIEW (To be completed by OFFICE OF HUMAN RESOURCES)

Approved

Denied

Insufficient Information

Date(s)

Initial Review: _____

Review Committee: _____

Human Resources Official

Name: _____

Title: _____

HEALTH AND SAFETY CONDITIONS OF APPROVAL

As a condition of approval, Employee must abide by the following COVID-19 health and safety measures:
