

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### IMPLEMENTATION GUIDANCE FOR EXECUTIVE ORDER 13G:

### VACCINATION MANDATE FOR INDIVIDUALS WORKING FOR STATE FACILITIES, STATE HOSPITALS, PUBLIC AND NON-PUBLIC PREK–12 SCHOOLS, AND CHILD CARE FACILITIES

*Updated September 22, 2021*

On August 19, 2021, Governor Ned Lamont signed Executive Order No. 13D, revised on September 10, 2021 as Executive Order No. 13G, mandating that individuals working for the state or in state hospitals, and individuals working in public or non-public pre-K-12 schools or in child care facilities must be vaccinated for COVID-19 by September 27, 2021, unless eligible for an exemption or a test option. This guidance sets forth the form and manner in which individuals subject to the Executive Order must prove and authenticate their vaccination status or request an exemption from the mandate and includes the requirements for proving compliance with the related testing mandate if the individual is working under an approved exemption. This guidance also sets forth the form and manner in which the state, state hospitals, school boards, and child care facilities must maintain the individual's documentation of vaccination or exemptions and must verify compliance with the testing requirements for unvaccinated individuals. The [Executive Order](#) defines the specific entities and categories of individuals subject to the mandate. The definition of terms in the Executive Order apply to this guidance and forms in the appendices.

## I. PROVING AND AUTHENTICATING VACCINATION STATUS FOR INDIVIDUALS SUBJECT TO THE ORDER

### A. Proof of Vaccination

Individuals subject to the Executive Order may prove their COVID-19 vaccination status by providing to the state agency, state hospital, school board, child care facility, or other designee a copy of any one of the following categories of documentation plus a signed declaration of authenticity (see Section B below):

- 1) A valid CDC Vaccination Card. The CDC Vaccination Card must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or



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- 2) A record from the individual's vaccine provider indicating the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered ("Provider Vaccination Record"). Individuals may contact their vaccination provider to request a copy or log into the patient portal for that provider; or
- 3) A certificate from the Vaccine Administration Management System ("VAMS"), if the individual received vaccination through the VAMS system ("VAMS Certificate"). The VAMS Certificate must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or
- 4) A copy of the individual's official immunization record from the Connecticut Immunization Information System, CT WiZ. Valid CT WiZ immunization records contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered. Individuals may download a copy of their record by visiting <https://portal.ct.gov/DPH/Immunizations/CT-WiZ-Access-My-Immunization-Record>.

## **B. Declaration of Authenticity of Vaccination Record**

Individuals shall complete and sign a declaration as to the authenticity of their proof of vaccination. Proof of vaccination will not be deemed valid unless accompanied by the individual's signed declaration. A sample declaration form is included in **Appendix A**. State employees and State Hospital employees must use the forms provided in the appendices. School Boards and Child Care Facilities may also use the appended forms, or they may use different forms of their choosing, provided that, at a minimum, the forms they use collect the same information designated in the forms that have been provided in the appendices and are completed and certified by designated providers or other individuals, as appropriate.

Individuals should note that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that the card is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC. 1017. It is also a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

## **II. Exemptions and Testing Requirements**

### **A. Medical Exemptions**

Individuals who cannot receive COVID-19 vaccination because the administration of COVID-19 vaccine is likely to be detrimental to the individual's health must request an exemption from the Executive Order. Medical exemption forms must be signed by the individual's physician (MD or DO), physician's assistant (PA), or advance practice nurse practitioner (APRN).

- i. State and state hospitals. State employees and state hospital employees must use the medical exemption request form and the healthcare provider certification included in **Appendix B**.
- ii. School boards and child care facilities. Covered Workers must use the medical exemption request form provided by their school or child care facility. School Boards and Child Care Facilities may use Appendix B, or they may use different forms of their choosing, provided that, at a minimum, the forms they use collect the same information designated in Appendix B and are completed and certified by designated providers or other individuals, as appropriate.

## **B. Religious or Spiritual Exemptions**

Individuals who object to vaccination on the basis of a sincerely held religious or spiritual belief may request an exemption from the Executive Order.

- i. State and state hospitals. State employees and state hospital employees must use the religious or spiritual exemption form included in **Appendix C**.
- ii. School boards and child care facilities. Covered Workers must use the religious or spiritual exemption request form provided by the school board or child care facility. School Boards and Child Care Facilities should determine, in discussion with their Human Resources management and legal counsel, what process and information is appropriate and necessary for review in determining whether a request for a religious or spiritual exemption from COVID-19 vaccination submitted by a covered worker should be accepted or rejected. .

## **C. Testing Requirements**

State employees, state hospital employees, and covered workers in PreK-12 schools and child care facilities who are not “fully vaccinated” (as defined by the Executive Order) by September 27, 2021 must test for SARS-CoV-2 (the virus that causes COVID-19) at least weekly (i.e., at least one test every 7 days) unless they can provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days (see III(B)(iii) below and Appendix D). State hospital workers cannot opt for weekly testing in lieu of vaccination but instead must have been granted a medical or religious/spiritual exemption from the vaccination mandate in order to submit weekly test results in lieu of vaccination. To comply with the testing requirement, testing must be either PCR or antigen SARS-CoV-2 tests and must be administered and reported by a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current *Clinical Laboratory Improvement Amendments (CLIA)* waiver. Only test results submitted to the state, state hospital, school board, or child care facility within 72 hours of the test administration date will be deemed compliant with the testing requirement. Test result reports should include the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order. Information regarding SARS-CoV-2 testing locations can be found at the link provided below or by calling **2-1-1**.

[https://www.211ct.org/search?page=1&location=Connecticut&taxonomy\\_code=11048&service\\_area=connecticut](https://www.211ct.org/search?page=1&location=Connecticut&taxonomy_code=11048&service_area=connecticut)

### III. Document Submissions

#### A. Vaccine and Exemption Documents

- i. State and state hospitals. State employees and state hospital employees may provide proof of their COVID-19 vaccination status or requests for exemptions by submitting to the **WellSpark COVID Navigator™** portal or smartphone app an electronic copy of any of the items listed in Section I or II above and may confirm the authenticity of those documents via a digital signature. Alternatively, documents proving vaccination status, the related declarations of authenticity, and exemption forms may be submitted to *WellSpark™* via email to [statecovid@wellsparkhealth.com](mailto:statecovid@wellsparkhealth.com) or fax copy to (860) 678-5207 or (860) 678-5229.
- ii. School boards and child care facilities. Covered workers should follow the process established by their school or child care facility. School boards and child care facilities shall establish a process for individuals subject to the Executive Order to submit required documentation in a timely and secure manner, and ensure that those individuals are informed of, and fully understand, the established process. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party.

#### B. Testing Documents

- i. State and state hospitals. State employees and state hospital employees must submit adequate proof of SARS-CoV-2 test results on a weekly basis to the *WellSpark COVID Navigator™* submission portal, either through the web-based application, smartphone app, dedicated *WellSpark™* email address, or faxed copy. Individuals submitting copies of test results via email or fax must also include a signed declaration attesting that the information contained in the submitted report is true and accurate to the best of their knowledge (Appendix E).
- ii. School boards and child care facilities. Covered Workers should follow the process established by their school board or child care facility. School board and child care facilities shall establish a process for such individuals to submit required documentation in a timely and secure manner, and ensure that those covered workers are informed of, and fully understand, the established process. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party. Individuals in PreK-12 schools or childcare facilities should inquire with their employer about the appropriate process for submitting adequate proof of SARS-CoV-2 test results (as defined above) on a weekly basis. Processing delays with vaccine providers, VAMS, web-based applications, laboratories, medical providers, or state agencies will not excuse compliance with the Executive Order.
- iii. Temporary testing waivers. State employees, state hospital employees and covered workers who wish to request a temporary waiver from SARS-CoV-2 testing on the basis of having had COVID-19 within the prior 90 days must submit a copy of the Temporary Waiver request (Appendix D), completed and signed by their healthcare provider, using the submission format and process designated by their facility for submitting test results , as

indicated above. Any individual granted a temporary waiver from SARS-CoV-2 must return to regular weekly testing after the expiration date indicated on the waiver form if they are not fully vaccinated by that date.

### **C. No Extensions**

The Executive Order requires the submission of the appropriate vaccination documentation, requests for exemptions, and/or test results by the September 27, 2021 deadline. Individuals subject to this Executive Order are solely responsible for gathering and submitting all required documentation in advance of the established deadline in order to ensure that they are in compliance on and after September 27, 2021. Covered workers in PreK-12 schools and childcare facilities should inquire with their Human Resources management regarding the appropriate length of time needed to review requests for exemption. Processing delays with vaccine or healthcare providers, VAMS, web-based applications, or state agencies will not excuse compliance with the Executive Order.

## **IV. MAINTAINING DOCUMENTATION TO DEMONSTRATE COMPLIANCE WITH THE ORDER**

### **A. Required Documents**

Covered state agencies, school boards, and child care facilities shall maintain either in paper or electronic format, the following information for all covered workers who are subject to the Executive Order. Such information shall be either physically on-site or maintained by an authorized third party, shall be kept current, and shall be made available to appropriate State regulatory agencies (see Section VI below) upon request. State agencies, school boards, and child care facilities need not maintain similar documentation for contract workers, but must require contractors to positively affirm that contract workers and their Contractors are in compliance with the provisions of the Executive Order prior to granting those workers access to their facilities. Contractors shall also maintain either in paper or electronic format, the following information for their contract workers. (Note that the Executive Order's definitions of State employees, state hospital employees, and covered workers and as used in this guidance includes contract workers with limited exceptions).

Required documents include:

- 1) A master roster of all individuals subject to the Executive Order (including employees, contract workers, and others) and including each individual's status as:
  - a. fully vaccinated, or
  - b. having received their first dose of a two-dose COVID-19 vaccine prior to September 27, 2021 and the scheduled date of their second dose appointment that conforms to current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>), or
  - c. having been granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual belief.
  - d. having chosen to submit to weekly testing in lieu of being fully vaccinated for COVID-19 (not applicable to state hospital employees).

- 2) A COVID-19 vaccination record for each fully or partially vaccinated individual, as well as a completed and signed declaration of authenticity of any vaccination record for individuals who have submitted a copy of a vaccination record as proof of vaccination.
- 3) A completed, signed, and approved medical exemption or religious/spiritual exemption form for each individual who has not been fully or partially vaccinated and has been granted an exemption.
- 4) Documented adequate proof of the results of a weekly test for SARS-CoV-2 for each individual who is not fully vaccinated and has not had a documented COVID-19 infection within the prior 90 days. (see Section III above)
- 5) A completed and appropriately provider certified request for a temporary waiver from weekly SARS-CoV-2 testing for individuals with a documented COVID-19 infection within the prior 90 days. (see Section III above)

## **B. Exemption Forms.**

Templates for medical and religious/spiritual exemption forms are included in **Appendix B** (medical) and **Appendix C** (religious/spiritual). Medical exemption forms must be signed by the physician (MD or DO), physician's assistant (PA), or nurse practitioner (APRN) from whom the individual is currently receiving care. State employees and State Hospital employees must use these forms to apply for exemptions. School Boards and Child Care Facilities may use the appended exemption forms, or they may use different forms of their choosing, provided that, at a minimum, the medical exemption forms they use collect the same information designated in the appended medical exemption forms (Appendix B) and are completed and certified by designated healthcare providers.

As outlined in the Executive Order, state employees (but not state hospital employees) and covered workers may voluntarily opt for weekly testing for SARS-CoV-2 rather than receiving vaccination for COVID-19. Individuals opting for weekly testing in lieu of vaccination should be made aware that they will be required to submit at least one negative SARS-CoV-2 test result every 7 days and comply with all other provisions of the Executive Order in order to retain access to on-site work at state agencies and other covered facilities.

## **C. Testing Documentation: Adequate Proof of Weekly Negative SARS-CoV-2 Test Results.**

State employees, state hospital employees, and covered workers who are not fully vaccinated by September 27, 2021, and who cannot provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days, are required to test for SARS-CoV-2 (the virus that causes COVID-19) weekly (i.e., at least once every 7 days) and submit "adequate proof of the results" of SARS-CoV-2 testing to the covered state agency, school board, or child care facility using the process determined by their applicable facility. For the purposes of this guidance, individuals who are required to test for SARS-CoV-2 under the Executive Order should be considered to have submitted adequate proof of a SARS-CoV-2 test result if they provide evidence of a PCR or antigen SARS-CoV-2 test administered within the prior 72 hours, and for which the test was performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current *Clinical Laboratory Improvement Amendments* (CLIA) waiver, that includes the name and location of the testing laboratory or provider facility performing the test, the

name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order.

State employees, state hospital employees, and covered workers who have been granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual beliefs must comply with the foregoing testing requirements. In addition, state employees and covered workers without an exemption but who have chosen to submit weekly test results for SARS-CoV-2 rather than be vaccinated for COVID-19 must also comply with the foregoing testing requirements. State hospital employees do not have the option to choose weekly testing for SARS-CoV-2 as an alternative to vaccination or securing an exemption to vaccination.

State employees, state hospital employees, covered workers, and/or contract workers should not be provided access to any of the facilities covered under this Executive Order unless the most recent test result provided, as required by the Order, is “negative” or indicate that virus material is “not detected”. Results provided as “inconclusive” are not considered negative results and as such require retesting. If an individual receives an inconclusive result and cannot be retested and provide a negative result within 7 days of their last negative test, then that individual should be excluded from on-site work until they can provide a negative test result. Information regarding SARS-CoV-2 testing locations can be found at the link provided below or by calling **2-1-1**.

[https://www.211ct.org/search?page=1&location=Connecticut&taxonomy\\_code=11048&service\\_area=connecticut](https://www.211ct.org/search?page=1&location=Connecticut&taxonomy_code=11048&service_area=connecticut)

Compliance information for state employees (including proof of vaccination status, requests for exemptions, and documentation of weekly test results, if needed) will be maintained for covered State agencies in electronic format by *WellSpark™*. Covered state agencies will be notified by *WellSpark™* of the non-compliance of any covered state employee, including the failure to comply with the weekly testing requirement for unvaccinated or partially vaccinated individuals.

## **V. RESPONSIBILITY FOR ENSURING CONTINUOUS COMPLIANCE WITH THE ORDER**

### **A. Covered State Agencies**

Covered State agencies will verify their compliance with the Executive Order on a continuous basis via reports received from *WellSpark™*. Daily compliance reports will be delivered to the Department of Administrative Services, Central Human Resources, and appropriate information will be disseminated further to individual state agencies, as needed. Covered State Agencies are responsible to secure compliance reports from contractors regarding their contract workers’ compliance with the Executive Order. At a minimum, periodic reporting of numbers of contract workers who are vaccinated, have been granted an exemption, or are subject to weekly testing should be reported to the agency at a frequency that the agency determines is sufficient to assure compliance.

### **B. School Boards and Child Care Facilities**

School boards and child care facilities must ensure compliance with the Order as of September 27, 2021, including ensuring that all Covered Workers (inclusive of employees and contract workers) have:

- 1) submitted proof of their status as fully vaccinated (as defined above); or

- 2) submitted proof of a single dose of a two-dose COVID-19 vaccine and provided the date of a scheduled second dose appointment; or
- 3) requested and been granted a medical or religious/spiritual exemption from COVID-19 vaccination; and
- 4) if not fully vaccinated, submitted adequate proof of a negative test for SARS-CoV-2 in the prior 7 days, unless the individual has been granted a temporary testing waiver based upon a documented COVID-19 infection within the prior 90 days.

After September 27, 2021, school boards and child care facilities must restrict access to their facilities for those individuals who fall out of compliance at any time with the requirements of the Order, including but not limited to failure to submit adequate proof of a weekly COVID-19 test result and/or failure to receive a second dose of a two-dose vaccine when scheduled and in compliance with current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules. School boards and child care facilities are responsible to secure compliance reports from contractors regarding their contract workers' compliance with the Executive Order. At a minimum, periodic reporting of numbers of contract workers who are vaccinated, have been granted an exemption, and are subject to weekly testing should be reported to the school board or child care facility at a frequency that the school board or child care facility determines is sufficient to assure compliance.

## **VI. Enforcement and Inspection**

The Executive Order requires all covered State agencies, school boards, and child care facilities to collect and maintain copies of the required documentation for employees and other Covered Workers, and to ensure compliance with the Executive Order, by the September 27<sup>th</sup> deadline. Covered state agencies must make available for inspection by the State Department of Administrative Services any documentation required to confirm compliance with the Order, upon request. School Boards must make available for inspection by the State Department of Education any documentation required to confirm compliance with the Order, upon request. Childcare Facilities must make available for inspection by the State Office of Early Childhood any documentation required to confirm compliance with the Order, upon request. Processing delays with vaccine providers, VAMS, web-based applications, or any state agency will not excuse compliance with the Executive Order. School Boards or Childcare Facilities failing to comply with the Order may be subject to penalties, as outlined in the Executive Order.

Contractors providing contract workers and other third-party providers who work on-site at any facility covered by the Executive Order are also required to comply with the provisions of the Order and maintain all required documentation for the workers they employ, as stipulated by the Order. Contract workers and the Contractors that provide those workers should be prepared to similarly comply with all provisions of the Order by September 27, 2021 and provide any of the documentation to prove compliance with the Executive Order at the request of the State Agency or other facility covered under the Order.



**Appendix A: Declaration Attesting to the Authenticity of an Individual’s COVID-19 Vaccination Record**

**COVID-19 Vaccination Record Declaration**

Pursuant to Executive Order No. 13G, State Employees, State Hospital Employees, all individuals working in a public or non-public PreK-12 school or Child Care Facility (“covered workers”), and any contract workers in these facilities must be fully vaccinated for COVID-19, partially vaccinated with one dose of a two-dose COVID-19 vaccine regimen and have a scheduled second dose appointment, prior to September 27, 2021; or be exempted from the vaccine requirement for reasons of medical contraindication or firmly held religious or spiritual belief. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G to verify their vaccine status must also include a declaration attesting to the authenticity of that documentation.

If you are using an electronic or paper copy of a CDC Vaccination Card or other official record to verify your vaccine status, please complete this declaration form and submit it to the individual(s) designated by the facility to receive these forms.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see [portal.ct.gov/sevi](http://portal.ct.gov/sevi)) can submit information to WellSpark. State contractors do not submit forms to WellSpark. If you are a **state employee with a state employee ID number**, without computer or smartphone access, you can submit your information via email at [statecovid@wellsparkhealth.com](mailto:statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. Please include proof of complete or partial vaccination with this form. All others without smartphone or computer access should consult with their supervisor or human resources department to submit required proof of vaccination and attestation documentation.

**Your signature below indicates agreement with the following statement:**

*I declare and attest that the attached official record is a copy of my personal vaccination record and that the information included in that document is true and accurate, to the best of my knowledge. I understand that the submission of false information to a covered state agency, school board, child care facility, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC. 1017;*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Appendix B: COVID-19 Vaccination Medical Exemption Request Form**

**Request for Medical Exemption for COVID-19 Vaccination**

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may exempt an individual from the facility’s COVID-19 vaccination requirement if the individual’s physician (MD or DO), physician assistant (PA), or advanced practice registered nurse (APRN) determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual’s health. In such cases, the facility may allow the individual to continue to access on-site facilities if the individual:

- 1) is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
- 2) does not pose a direct threat to the health or welfare of others, and
- 3) submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

To request a medical exemption to the COVID-19 vaccination requirement, please complete the information below and have your physician, physician assistant, or advanced practice registered nurse complete the information on the pages that follow. Once the form is completed, please submit it to the individual designated by the facility.

**EMPLOYEE REQUESTING EXEMPTION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTHCARE PROVIDER CERTIFICATION

**Patient Name:** \_\_\_\_\_

### Dear Healthcare Provider:

The above-named individual has requested a medical exemption from COVID-19 vaccination as required by their employer under the Governor's Executive Order No. 13G. This request for exemption will be evaluated based on the medical information you provide. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

We encourage you to listen carefully to your patient's concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Please complete this form if the person listed above seeking a medical exemption is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should **NOT** be vaccinated for COVID-19 based on their individual medical condition(s). More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

### Directions:

**Part 1.** Please complete the Provider Information requested.

**Part 2.** Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).

**Part 3.** If no contraindications or precautions apply in Part 2 but you are still indicating a need for medical exemption from COVID-19 vaccination for this patient, provide a brief explanation of your reasoning for this opinion.

**Part 4.** Read, sign, and date the Statement of Clinical Opinion.

Patient Name: \_\_\_\_\_

**Part 1. Provider Information:**

**Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):**

\_\_\_\_\_

**Name and Address of Practice:**

\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**State License Number:** \_\_\_\_\_

**Part 2. Specific Contraindications**

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#), published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

**Neither contraindications nor precautions to COVID-19 vaccination**

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are **not** a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do **not** have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

**CDC Recognized Contraindications and Precautions**

COVID-19 Vaccines included in exemption	Exemption Duration	ACIP Contraindications and Precautions <i>(Check all that apply)</i>
<input type="checkbox"/> Pfizer mRNA vaccine  <input type="checkbox"/> Moderna mRNA vaccine  <input type="checkbox"/> Janssen/J&J viral vector vaccine	<input type="checkbox"/> Temporary through: _____/_____ mm/ yyyy  <input type="checkbox"/> Permanent	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine  <input type="checkbox"/> Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine  <p><b>Precautions</b></p> <input type="checkbox"/> History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine  <input type="checkbox"/> History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])  <input type="checkbox"/> History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction

\* Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

Patient Name: \_\_\_\_\_

**Part 3. Other Medical Condition Necessitating Exemption**

If claiming the need for a medical exemption from COVID-19 vaccination for this patient based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2, provide an explanation of your reasoning for this opinion below.

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If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see [portal.ct.gov/sevi](http://portal.ct.gov/sevi)) can submit information to WellSpark. State contractors do not submit forms to WellSpark. If you are a **state employee with a state employee ID number**, without computer or smartphone access, you can submit your information via email at [statecovid@wellsparkhealth.com](mailto:statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. Please include proof of complete or partial vaccination with this form. All others without smartphone or computer access should consult with their supervisor or human resources department to submit required proof of vaccination and attestation documentation.

*PROVIDER CERTIFICATION: In accord with the legal requirements of [Executive Order 13G](#), I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.*

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

**Appendix C: Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order**

**Request for Religious or Spiritual Exemption for COVID-19 Vaccination**

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may exempt an individual from the facility’s COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely held religious or spiritual beliefs and practices. In such cases, the facility may allow the individual to continue to perform their job functions if the individual:

- 1) is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
- 2) does not pose a direct threat to the health or welfare of others, and
- 3) submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

State Employees and State Hospital Employees may apply for a religious or spiritual exemption from the requirement to obtain the COVID-19 vaccine by using this request form.

If you have a sincerely held religious or spiritual belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and submit the request form for consideration via the process determined by your agency or employer. All requests and supporting documentation will be reviewed by an agency-designated Human Resources representative. The agency-designated Human Resources representative may contact you for additional information or for clarification.

A “sincerely held religious or spiritual belief”:

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

The completed form together with any supporting documentation must be signed and uploaded by no later than September 27, 2021. All requests are considered pending until the requestor receives notice of an approval or denial. State Hospital Employees who are denied an exemption shall have ten (10) days from the date of the notice of the denial to receive a COVID-19 vaccine (either a single-dose vaccine or the first dose of a two-dose vaccine with a second dose appointment date scheduled).

To request an individual exemption from required COVID-19 vaccination on the basis of a firmly held religious or spiritual belief, please complete this form and submit it to the individual(s) designated by your facility to receive these forms.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In the space below, please provide a personal statement** detailing the religious or spiritual basis for your vaccination objection, explaining why you are requesting this religious or spiritual exemption, the religious or spiritual principle(s) that guide your objection to vaccination, and the religious or spiritual basis that prohibits you from receiving the COVID-19 vaccination. Please attach additional documentation, if necessary. An agency-designated Human Resources representative may need to discuss the nature of your religious or spiritual belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable) and will contact you if that becomes necessary. The agency-designated Human Resources representative may also request additional supporting documentation if needed.



**Have you received immunizations in the past?**      Yes or  No (check one)

**If yes to the previous question, please provide an explanation** detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see [portal.ct.gov/sevi](http://portal.ct.gov/sevi)) can submit information to WellSpark. State contractors do not submit forms to WellSpark. If you are a **state employee with a state employee ID number**, without computer or smartphone access, you can submit your information via email at [statecovid@wellsparkhealth.com](mailto:statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. Please include proof of complete or partial vaccination with this form. All others without smartphone or computer access should consult with their supervisor or human resources department to submit required proof of vaccination and attestation documentation.

***By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious or spiritual exemption from receiving the COVID-19 vaccine and will be required to comply with the testing requirement set out in Executive Order No. 13G. You also acknowledge that you have read the CDC Covid-19 Vaccine Information, which can be found via the link provided here:*** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>. ***You also certify that you understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.***

Printed/Typed name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix D: Temporary Waiver from Weekly COVID-19 Testing on the Basis of Prior COVID-19 Infection**

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may allow individuals who are not fully vaccinated to continue to access on-site facilities only if the individual:

- 1) is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
- 2) does not pose a direct threat to the health or welfare of others, and
- 3) submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

CDC recommends that individuals who have **had documented COVID-19 within the prior 90 days** should not be included in screening testing programs for asymptomatic people. This is because some components of viral RNA may remain present in a COVID-19 recovered person’s body for up to 90 days, and as a result cause a person to test positive for SARS-CoV-2 even when they are not actively infected (i.e., false positives). Individuals who are experiencing symptoms of COVID-19 who have been infected in the prior 90 days should consult with their healthcare provider regarding the utility of SARS-CoV-2 testing.

If you are a state employee or other covered worker subject to the provisions of Executive Order No. 13G, you may request a temporary waiver from the weekly SARS-CoV-2 testing portion of the Executive Order requirements for the 90 days after your COVID-19 diagnosis. To request this waiver, individuals must have their healthcare provider complete the information below and both you and your healthcare provider must attest to the accuracy of the information provided. Once the form is completed, please submit it to the individual designated by the facility to receive this request.

**EMPLOYEE REQUESTING EXEMPTION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTHCARE PROVIDER CERTIFICATION

**Patient Name:** \_\_\_\_\_

### Dear Healthcare Provider:

The above-named individual has requested to be temporarily excused from SARS-CoV-2 testing, as required by their employer under the Governor’s Executive Order No. 13G, on the basis of having had COVID-19 within the prior 90 days. This request for a temporary waiver will be evaluated based on the information you provide.

Please complete this form if the person listed above seeking a temporary waiver from SARS-CoV-2 testing is your patient and you can positively attest that this patient had COVID-19 at some point in the prior 90 days. More information on recommendations for SARS-CoV-2 testing, including under what conditions testing is or is not recommended, can be found on the CDC website:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.

### Directions:

**Part 1.** Please complete the Provider Information requested.

**Part 2.** Please mark the applicable basis for your recommendation for a temporary waiver for this patient, and the date of diagnosis and applicable date of expiration of the waiver.

**Part 3.** Read, sign, and date the Statement of Clinical Opinion.

### Part 1. Provider Information:

**Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):**

\_\_\_\_\_

**Name and Address of Practice:**

\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**State License Number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Part 2. Basis of Verification of Patient’s Current or Prior COVID-19 Status**

In this section, indicate the basis on which you can affirmatively verify that the individual requesting this temporary waiver has had an active SARS-CoV-2 infection within the prior 90 days.

*Please check off any of the following that apply:*

- I have verified that this individual had a positive test for SARS-CoV-2 performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other appropriate healthcare provider facility within the prior 90 days
- I had diagnosed this individual with COVID-19 within the prior 90 days based on his or her symptom presentation and history of close contact with another COVID-19 case
- I had diagnosed this individual with COVID-19 within the prior 90 days on some other clinical basis (must specify below):  
\_\_\_\_\_

**Date of COVID-19 diagnosis:** \_\_\_\_\_

**Date of Waiver Expiration:** \_\_\_\_\_ (90 days after date listed above)

If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

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**Part 3: Statement of Clinical Opinion**

**Your signature below indicates agreement with the following statement:**

*PROVIDER CERTIFICATION: In accord with the legal requirements of [Executive Order 13G](#), I certify that the above-named individual should be granted a temporary waiver from SARS-CoV-2 testing based on their having had COVID-19 within the prior 90 days. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.*

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

**Appendix E: Declaration Attesting to the Authenticity of COVID-19 Test Results for State Employees**

**COVID-19 Test Results Report Declaration**

Pursuant to Executive Order No. 13G, State employees and Covered Workers (as defined in 13G(1)(b),(c),and (f)) who are not fully vaccinated (as defined in 13G(1)(a)) by September 27, 2021, and who cannot provide documented proof of COVID-19 infection in the prior 90 days, are required to submit “adequate proof of the results” of COVID-19 testing (13G(3)(a)(ii) and (b)(ii)) to their Covered State Agency, School Board, or Child Care Facility at least weekly (i.e., at least once every 7 days). State employees, state hospital employees, and other covered workers in state agencies who are submitting a copy of a test result report to *WellSpark™* via email or fax copy must also include a declaration attesting to the authenticity of that documentation.

If you are submitting a test result report to *WellSpark™* via email or fax copy, please complete this declaration form and submit it at the same time and in the same manner as you are submitting the test result.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Test Date:** \_\_\_\_\_

**PLEASE NOTE: ONLY** state employees with a state Employee ID #, or others with specific direction (please see portal.ct.gov/sevi) can submit information to WellSpark. State contractors do not submit forms to WellSpark. If you are a **state employee with a state employee ID number**, without computer or smartphone access, you can submit your information via email at [statecovid@wellsparkhealth.com](mailto:statecovid@wellsparkhealth.com) or fax to 860-678-5207 or 860-678-5229. Please include proof of complete or partial vaccination with this form. All others without smartphone or computer access should consult with their supervisor or human resources department to submit required proof of vaccination and attestation documentation. Please be sure to include a copy of your test results with this form.

**Your signature below indicates agreement with the following statement:**

*I declare and attest that the attached SARS-CoV-2 test results report was collected on the Test Date listed above and complies with all of the conditions required in Section III (Reporting Requirements) of the Implementation Guidance for Executive Order No. 13G. I attest that the information included in the test results report is true, to the best of my knowledge. I understand that the submission of false information to a covered state agency, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date