COVID-19 Vaccination & Testing Policy: 
Participants, Volunteers, and Authorized Program Visitors 
(Effective: 03/28/2022)

1.1 PURPOSE
In furtherance of First Descents’ (FD) commitment to the health and safety of its program participants, employees, volunteers, visitors, staff, and the community at large during the ongoing COVID-19 pandemic, FD is adopting the following COVID-19 vaccination policy.

1.2 SCOPE
This policy applies to the following groups (the “Groups”):

- Participants
- Volunteers
- Authorized Program Visitors (i.e., media, donors, guests, etc.)

1.3 POLICY
For all FD Programs beginning on or after April 1, 2022, individuals of the above Groups must be fully vaccinated against COVID-19 (SAR-CoV-2) and have also received a booster shot (if eligible) against COVID-19 (SAR-CoV-2).

FD will expect all individuals of the above Groups who are attending a program to:

1. Submit proof of full vaccination and booster (if applicable) against SARS-CoV-2 OR
2. PARTICIPANTS ONLY: Qualify for a medical exemption AND submit proof of a negative polymerase chain reaction (PCR) or nucleic acid amplification test (NAAT) COVID-19 test conducted within 72 hours of the individual’s program departure or trip to the office (antigen, antibody, and serology tests will not be accepted – commonly referred to as rapid tests). If traveling (e.g., by car or plane) to a program, FD must receive test results before travel commences.

Currently, FD will grant exemptions to the vaccine as follows:

<table>
<thead>
<tr>
<th>Exemption:</th>
<th>Participants</th>
<th>Volunteers</th>
<th>Authorized Program Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religious</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

An individual is considered to be fully vaccinated fourteen (14) days after they have received the second dose in a two-dose series (e.g., Pfizer-BioNTech or Moderna) or they have received a single-dose vaccine (e.g., Johnson and Johnson/Janssen). If an individual received a COVID-19 (SAR-CoV-2) vaccine at least six (6) months before the first day of any program they are attending, they are eligible for and must obtain a booster shot. Provided, if an individual’s six (6) month mark (since their last
COVID-19 [SAR-CoV-2] vaccine) falls within five (5) days before the start of or during a program, FD may waive the requirement of a booster shot for that individual.

FD will only accept vaccinations and booster shots that have been granted emergency approval by the US Food and Drug Administration or the World Health Organization.

Vaccine locations can be found online at: https://www.vaccines.gov/search/

**Individuals who do not fulfill the requirements of this policy within the respective timelines, will not be able to attend a program until doing so.**

### 1.4 Procedures

1. **Establishing proof of full vaccination and booster (if applicable):**
   a) Submit photo evidence of a completed CDC COVID-19 Vaccination Record Card (including booster, if applicable) for inspection by the FD Programs Team

2. **Participants only: Qualifying for a Medical Exemption AND submitting proof of negative test:**
   a) Individuals must indicate on their application that they are requesting a medical exemption from the vaccine **AND**
   b) Have their doctor complete the *SARS-CoV-2 (COVID-19) Vaccination Medical Exemption Form* (see Appendix A) **AND**
   c) Submit photo evidence of a negative PCR/NAAT COVID-19 test from the Accepted PCR/NAAT Tests in Section 1.5 to the FD Programs Team. The photo evidence must follow the timeline and include all the information outlined in Section 1.6-Test Documentation Required

A Participant, Volunteer, or Authorized Program Visitor is not considered eligible to attend a program until they have received confirmation from the FD Programs Team.

An individual may request reimbursement for the cost of a PCR/NAAT COVID-19 test (regardless of positive or negative result) by contacting the FD Programs Team. If the cost of the test is greater than $100 (one hundred dollars), prior approval for reimbursement from the FD Programs Team is required. Proof of payment is required for all reimbursements.

FD will treat all vaccination and testing information submitted as confidential.

### 1.5 Accepted PCR/NAAT Tests

FD will accept viral tests only, including PCR or NAAT tests (either laboratory-collected or self-collected). NAAT is a generic name for tests that detect actual viral genetic material (of which PCR testing is the most common).

**Antigen, antibody, or serology tests are not accepted.**
Testing locations can be found at: https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html. Additionally, testing locations can be obtained through an individual’s healthcare provider or state, tribal, local or territorial health department’s website.

### 1.6 TEST DOCUMENTATION REQUIRED

An individual’s proof of a PCR/NAAT test must include the following information:

- **a.** The type of the test (see Section 1.5-Accepted PCR/NAAT Tests)
- **b.** Where the test was performed. Include information such as the name and contact information of the laboratory or healthcare personnel who performed the test.
- **c.** The date and time of the test. The test must show a specimen collection date 72 hours or less before program travel.
- **d.** Name of the individual
- **e.** A test result of negative or comparable affirmation (tests marked as “invalid” will not be accepted)

FD reserves the right to interpret submitted test information at its discretion.
## Appendix A

**SARS-CoV-2 (COVID-19) Vaccination Medical Exemption Form**

<table>
<thead>
<tr>
<th>Participant Name:</th>
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First Descents requires a vaccination against SARS-CoV-2 as a condition to attend a program. However, FD may grant a medical exemption to qualifying Participants only. The above-named participant is requesting an exemption from this vaccination requirement for medical reasons. A medical exemption from the SARS-CoV-2 vaccination may be allowed for certain recognized contraindications.

The above person should not be immunized for SARS-CoV-2 for the following reasons (please check all that apply):

- [ ] 1) History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- [ ] 2) The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate below the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the SARS-CoV-2 vaccine.
- [ ] 3) Other – Please provide this information in a narrative below that describes the exemption in detail.

Additional information (Required if #2 or #3 is checked):

<table>
<thead>
<tr>
<th>Additional information</th>
<th></th>
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</table>

*Please attach separate page if more space is needed.*

I certify that [Participant Name] has the above contraindication and request a medical exemption from the SARS-CoV-2 vaccination.

<table>
<thead>
<tr>
<th>Medical Provider Signature:</th>
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</thead>
<tbody>
<tr>
<td>Printed Name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Physician Medical License No.:</td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Phone Number:</td>
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