

City of Hermosa Beach
COVID-19 Vaccination Policy

PURPOSE STATEMENT

The City of Hermosa Beach (City) must provide a safe environment and protect the health and safety of City staff and the public we serve. According to the federal Centers for Disease Control (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Health Officer, COVID-19 continues to pose a risk, especially to individuals who are not fully vaccinated. Vaccinations are an effective safety measure to decrease community transmission and COVID-19 hospitalizations and deaths.

Unvaccinated staff members are at greater risk of contracting and spreading COVID-19 within the workplace and City facilities, and to the public that depends on City services. To best protect its City staff members, contractors, and volunteers and others in City facilities, and fulfill its obligations to the public, all staff members, contractors, and volunteers must, as a condition of employment:

1. Report their vaccination status to the City by completing the **COVID-19 Vaccination Verification Form** and follow the City's form procedure;
2. Must undergo weekly COVID-19 testing: a) if not fully vaccinated; or b) if a staff member has not submitted a **COVID-19 Vaccination Verification Form** with proof of vaccination; and
3. Be fully vaccinated and submit vaccination status to the City using the **COVID-19 Vaccination Verification Form** no later than 60 calendar days after Federal Food and Drug Administration (FDA) final approval of at least one of the COVID-19 vaccines. On August 23, 2021, the FDA granted full approval of the Pfizer vaccine. As a result, staff members must be fully-vaccinated as a condition of employment by Friday, October 22, 2021.

LEGAL REQUIREMENTS

State and local governments may mandate vaccinations under well-settled and longstanding legal precedent. Over 100 years ago, in *Jacobson v. Commonwealth of Massachusetts*, (1905) 197 U.S. 11, the United States Supreme Court upheld the authority of states to enforce mandatory vaccination laws. In recognizing that individual liberty is not absolute and subject to police powers, the Court stated that "in every well-ordered society charged with the duty of conserving the safety of its members the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand."

Multiple California courts have upheld the Supreme Court's rulings upholding vaccine mandates, finding the need for public safety outweighs an individual's rights to privacy or bodily autonomy. For example, in *Brown v. Smith*, (2018) 24 Cal.App.5th 1135, and *Love v. State Dept. of Education*, (2018) 29 Cal.App.5th 980, the courts upheld Senate Bill No. 277, which repealed the personal belief exemption to California's school immunization requirements. The courts limited the exemptions (upon full FDA approval) to a sincerely held religious belief or medical accommodation.

On June 17, 2021, Governor Newsom issued Executive Order No. N-09-21 which adopts the revised California Division of Occupational Safety and Health (Cal/OSHA) COVID-19 Prevention Emergency Temporary Standards. These standards require the City to establish and maintain various protocols

designed to control exposure to COVID-19. Among other things, Cal/OSHA's standards require the City to enforce masking, quarantine, and testing requirements for employees who are not fully vaccinated against COVID-19.

On July 26, 2021, in response to evidence that the majority of COVID-19 infections were among unvaccinated people and given the growing transmission of the Delta variant, the California Department of Public Health issued a State Public Health Officer Order mandating workers in health care and high-risk congregate settings (including correctional facilities and detention centers) to either show proof of full vaccination or be tested up to twice weekly. Facilities must be in full compliance with this Order by August 23, 2021.

STATEMENT OF POLICY

Definitions

- 1. "City staff members":** For purposes of this policy, the term "staff" or "staff members" includes all full-time, part-time, temporary staff members (including part-time and full-time), and paid Interns, regardless of appointment type. This policy applies to all City staff members regardless of leave status. This policy will apply to all City staff members on paid and un-paid leave of absences, workers compensation leaves, Family Medical Leave Act (FMLA) leaves, personal medical leave, or any other leave of absences.
- 2. "City contractors":** For purposes of this policy, the term "contractors" includes all paid contractors who regularly interact with City staff members and/or the public in person as part of performing work for the City.
- 3. "Volunteers":** For the purpose of this policy, the term "volunteers" includes all unpaid volunteers including those appointed to City's Boards and Commissions and those who participate in organized volunteer groups.
- 4. "COVID-19 Vaccine":** A COVID-19 vaccine satisfies the requirement of this policy if the U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorization (EUA) or full Licensure for the vaccine. Vaccines that currently meet this requirement include Moderna or Pfizer-BioNTech (two-dose COVID-19 vaccine series) and Johnson & Johnson/Janssen (a single-dose COVID-19 vaccine).
- 5. "Fully Vaccinated":** To be fully vaccinated, 14 days or more must have passed from the date the staff members received the final dose of a two-dose COVID-19 vaccine series (Moderna or Pfizer-BioNTech) or a single-dose COVID-19 vaccine (Johnson & Johnson/Janssen).
- 6. "Partially Vaccinated":** Staff members who have received at least one dose of a COVID-19 vaccine, but do not meet the definition of fully vaccinated.
- 7. "Unvaccinated":** A staff member who has not received any doses of a COVID-19 vaccine or whose vaccination status is unknown.

Vaccine Administration Timeline

- Pfizer-BioNTech 2 doses should be given 3 weeks (21 days) apart
- Moderna 2 doses should be given 4 weeks (28 days) apart
- The Johnson & Johnson/Janssen (J&J) vaccine only needs one dose.

Full vaccination against COVID-19 is completed 2 weeks after:

- The second dose of Pfizer or Moderna COVID-19 vaccine, or
- The single dose of Johnson & Johnson (J&J)

Note: If the Centers for Disease Control and Prevention (CDC) recommends an additional vaccine to stay fully-vaccinated and the additional vaccine is fully approved by the Food and Drug Administration (FDA), then staff will be required to comply as a condition of employment.

Vaccination / Exemption Verification Requirement

In order to allow the City to follow County and State health orders, and to ensure the City fulfills its primary function of protecting the health and safety of staff members and the community, all City staff members, contractors, and volunteers, must show proof of fully vaccinated status for COVID-19 by completing the **COVID-19 Vaccination Verification Form** or request an allowable exemption as a condition of employment.

To verify vaccination status, staff members, contractors, and volunteers are required to provide appropriate vaccination documentation to Human Resources by 5:00 p.m. on Friday, September 17, 2021.

If a staff member is requesting an exemption, the staff member will be required to submit the appropriate exemption form by 5:00 p.m. on Friday, September 17, 2021.

Proof of Vaccination Status Documentation

Staff members, contractors, and volunteers will be required to submit two (2) documents as proof of vaccination status to Human Resources. Upon receipt, Human Resources will review the information and approve the documentation.

1). Completion of the **COVID-19 Vaccination Verification Form**. Staff members will certify the information they provide on the form regarding vaccination status is true and accurate.

2). Provide proof of vaccination status by submitting a copy of one of the following:

- A copy of the CDC COVID-19 Vaccination Record Card;
- Documentation of vaccine from the staff member's healthcare provider; or
- Documentation issued by the State of California by going to:
<https://myvaccinerecord.cdph.ca.gov/>

Staff members who previously reported that they are partially vaccinated or unvaccinated must update their status with Human Resources once they are fully vaccinated.

Request for Vaccination Exemptions

The City will review requests for medical, disability, and religious exemptions on a case-by-case basis consistent with procedures for reasonable accommodation requests.

A) **Medical/Disability Exemption:** Staff members, contractors, and volunteers with a medical condition, disability, or other medical restriction that affects their eligibility for a vaccine, as verified by their medical provider, may request a reasonable accommodation through the Human

Resources Department. To be exempted from this vaccination requirement, staff members must complete the **COVID-19 Vaccination: Request for Medical/Disability Exemption Form**.

The exemption form must be submitted to the Human Resources Department no later than September 17, 2021. Staff members must submit the completed medical certification from their health care provider no later than September 27, 2021. Medical exemption requests must be re-certified by the health care provider every sixty (60) days.

The submission of an exemption form should not be considered an automatic approved exemption. The City will review the request and engage in an interactive process with the staff member to discuss the reasonable accommodation. Human Resources will notify the staff member if a medical/disability exemption is approved. If approved, the staff member will be required to undergo weekly COVID-19 testing.

- B) **Religious Exemptions:** Staff members, contractors, and volunteers with a sincerely held religious belief, practice, or observance that prohibits them from receiving a vaccine may request a reasonable accommodation to the Human Resources Department. To be exempted from this vaccination requirement, staff members must complete the **COVID-19 Vaccination: Request for Religious Exemption Form**.

The exemption form must be submitted to the Human Resources Department no later than September 17, 2021. Staff members must submit the completed religious organization statement signed by their religious organization no later than September 27, 2021. Religious exemption requests must be re-certified by the religious organization every six (6) months.

The submission of an exemption form, should not be considered an automatic approved exemption. The City will review the request and engage in an interactive process with the staff member to discuss the reasonable accommodation. Human Resources will notify the staff member if a religious exemption is approved. If approved, the staff member will be required to undergo weekly COVID-19 testing.

- C) **Requirement for COVID-19 Testing During Review of Requests for Exemption:**

If a request for exemption is still under review by September 18, 2021 or after, staff members will be required as a condition of employment to be tested weekly for COVID-19.

If an exemption or extension thereof is not approved, Human Resources will notify the staff member that they will have 45 days to become fully vaccinated from the date of notification.

Weekly COVID-19 Testing for Unvaccinated Staff Members (Employees with Approved or Pending Exemptions)

As of September 18, 2021, all staff members who are not fully vaccinated (including partially vaccinated, with a pending or approved medical/disability or religious exemption) are required as a condition of employment to be tested weekly for COVID-19.

COVID-19 Testing

The City will require staff members, contractors, and volunteers to undergo weekly onsite testing. Onsite testing will be available for all City staff twice a week, Mondays and Thursdays. Times and exact locations of the testing will be communicated to staff. Onsite testing will take place during work hours and staff will be tested during their regular work schedule. Onsite testing will be provided at no cost to City staff.

The tests provided will be a Rapid Antigen tests. If a staff members tests positive during the weekly testing, then the staff member will be sent home to quarantine and required to undergo further testing, for example PCR Test, to confirm their test results. The staff member will be eligible to use any available Supplemental Paid COVID-19 Sick Pay.

If a staff member is unable to attend the onsite testing made available by the City, Human Resources will arrange for outside testing during the staff member's regular work schedule at no cost to the staff member. However, this arrangement will only be made for a valid exception. All staff members are expected to attend one of the two available weekly onsite testing options each week.

Testing options and locations are subject to change. Staff members will be informed if testing locations change.

For testing purposes, a weekly test is defined as being tested once Monday thru Friday.

Non-Compliance

The vaccination and reporting requirements are conditions of City employment and a minimum qualification. Those employees who fail to meet the vaccination and reporting requirements under this policy will not meet the minimum requirements to perform their job. Staff members in non-compliance will be subject to non-disciplinary separation from employment with the City for failure to comply with this policy and/or reporting requirements and failure to meet the minimum qualifications of employment.

Important Dates	Reporting Requirements
August 23, 2021	FDA granted full approval for the Pfizer vaccine.
September 17, 2021	Staff members to submit COVID-19 Vaccination Verification Form with proof of vaccination OR submit request for exemption for medical/disability or religious exemption
September 20, 2021	Weekly Onsite COVID-19 Testing Commences
September 27, 2021	Health Care Provider Certification for medical exemption is due to Human Resources. Religious organization statement for religious exemption is due to Human Resources.
October 22, 2021	All staff members must be fully vaccinated. Weekly testing will only be available for staff members with approved and active medical or religious exemptions.

All City employees, contractors, and volunteers must continue to comply with masking, daily temperature checks, daily attestations, etc. as directed by the City Manager.



City of Hermosa Beach

COVID-19 Vaccination Verification Form

The City of Hermosa Beach ("City") is requesting information about your vaccination status for the following legitimate and non-discriminatory business purposes:

- 1) To maintain a safe and healthy workplace as required under Labor Code section 6400, et seq.;
- 2) To permit compliance with federal, state, and local laws and regulations related to COVID-19, including the Emergency Temporary Standards (Cal/OSHA COVID-19 Regulations) (See 8 C.C.R. §§ 3205-3205.4); and
- 3) To ensure the continued safe operation of City services.

Employee Attestation as to Vaccination Status

Please note that you are required to provide accurate information about your vaccination status in response to the questions below, or alternatively may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will be required to assume you are unvaccinated for purposes of rules or requirements in the workplace that are different for vaccinated or unvaccinated employees. For example, if requirements on face coverings allow fully vaccinated employees not to wear face coverings in certain settings, the information collected below will be used to determine whether you will be required to wear a face covering in those settings.

For purposes of this certification, you are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen).

<input type="checkbox"/>	I am fully vaccinated.
<input type="checkbox"/>	I received my second dose of the Pfizer or Moderna vaccine or my single dose of a Johnson & Johnson vaccine less than two weeks ago.
<input type="checkbox"/>	I received my first dose of Pfizer or Moderna, and my second appointment is scheduled
<input type="checkbox"/>	I have not yet been vaccinated, but I have already scheduled an appointment to receive my first dose of the vaccine.
<input type="checkbox"/>	I have not been vaccinated.
<input type="checkbox"/>	I decline to answer whether I have been vaccinated.
<input type="checkbox"/>	I am submitting a request for a medical exemption
<input type="checkbox"/>	I am submitting a request for a religious exemption.

For fully vaccinated staff, please provide the following information:

Type of vaccine: _____ Johnson & Johnson _____ Moderna _____ Pfizer

Date of First Dose: _____ Date of Second Dose: _____

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, I must provide documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status).

I attest that the above information is true and correct.

Employee Name (PLEASE PRINT)

Signature

Date

To be Completed by Human Resources Department

Human Resources has received one of the below from the above staff member.

<input type="checkbox"/>	Valid proof of vaccination
<input type="checkbox"/>	Request for medical exemption
<input type="checkbox"/>	Request for religious exemption

Human Resources Representative (PLEASE PRINT)

Signature

Date



City of Hermosa Beach

COVID-19 Vaccination: Request for Medical/Disability Exemption Form

Name: _____

Department: _____ Job Title: _____

Email: _____ Phone: _____

The City of Hermosa Beach (City) policy requires that all staff receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below), signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition. The form must be certified and resubmitted every 60 days.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination as determined by the City in reviewing the request. The assigned expiration is at the sole determination of the City.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements provided by the City. In the event of an outbreak, individuals with exemptions will be subject to isolation and quarantine protocols per Los Angeles County Department of Public Health should the individual be exposed.

While the City will carefully review all requests for medical exemptions, approval is not guaranteed. The City will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains an expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

Important Note: Staff medical exemptions will be reviewed by the Human Resources department.

Medical exemption process:

- **Complete and sign the following page of this form;**
- **Have your Licensed Health Care Provider complete the provider section of this form;**
- **Submit the completed documents.**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the City of Hermosa Beach to the required vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	Should I contract COVID-19, I will <u>immediately</u> report it to Human Resources (email to vgodinez@hermosabeach.com) and comply with all isolation and quarantine procedures specified by the Los Angeles County Department of Public Health.
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner which permits vaccination, as determined by the City in reviewing the request.
	I understand and agree to comply with and abide by all City of Hermosa Beach COVID-19 policies and procedures.
	I understand that this exemption is only valid while the City of Hermosa Beach COVID-19 vaccination policy stands and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on City requirements moving forward.
	I authorize my licensed health care provider to provide the City of Hermosa Beach with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to City disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

☐ By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.



Attention Health Care Provider:

The City of Hermosa Beach policy requires that all staff receive a COVID-19 vaccination.

_____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

Option 1 - Allergy

☐ A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

- Moderna - List the component(s): _____
- Pfizer - List the component(s): _____
- Janssen/Johnson&Johnson - List the component(s): _____

☐ A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine. Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

- Moderna - Date of Vaccine & Reaction: _____
- Pfizer - Date of Vaccine & Reaction: _____

Option 2 – Physical Condition/Medical Circumstance

☐ The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:

Option 3 - Other

☐ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability that you opine would exempt this individual from vaccination:

Explanation: _____

CERTIFICATION

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at the City of Hermosa Beach. I understand that a re-certification for a vaccine medical exemption is required every sixty (60) days to confirm the patient's medical status remains current.

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone number: _____

Patient Information

Patient Name: _____

Email: _____

Date: _____ Phone number: _____

Once you have completed this document, please submit it to the Human Resources department via hr@hermosabeach.gov.



City of Hermosa Beach COVID-19 Vaccine: Request for Religious Exemption Form

Name: _____

Department: _____ Job Title: _____

Email: _____ Phone: _____

The City of Hermosa Beach policy requires that all staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. The City of Hermosa Beach is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements by the City. In the event of an outbreak, individuals holding exemptions will be subject to following isolation and quarantine protocols per Los Angeles County Department of Public Health.

Human Resources will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of Human Resources are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Complete and sign the following page of this form;**
- **Complete the Personal Statement Form;**
- **Have your religious leader complete the Religious Organization Statement Form; and**
- **Submit the completed documents**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the City of Hermosa Beach with respect to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	Should I contract COVID-19, I will immediately report it to Human Resources (email to vgodinez@hermosabeach.com) and comply with all isolation and quarantine procedures specified by the Los Angeles County Department of Public Health.
	I understand and agree to comply with and abide by all City policies and procedures.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the City's disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

☐ By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: _____

Request for Religious Exemption from COVID-19 Vaccine

Personal Statement Form



Request for Religious Exemption from COVID-19 Vaccine **Religious Organization Statement Form**

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address: _____

Religious Organization Email and Phone Number: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____

Once you have completed this document, it must be submitted to Human Resources at hr@hermosabeach.gov.



Employee Authorization for the City of Hermosa Beach's Use and Disclosure of Confidential Medical Information

Confidentiality of Medical Information Act ("CMIA"), Civil Code §§ 56.20, 56.21.

Pursuant to California's Confidentiality of Medical Information Act, I, _____, authorize the **City of Hermosa Beach ("City")** to use and disclose information regarding my COVID-19 vaccination status for legitimate, non-discriminatory business purposes where my vaccination status is necessary for the **City** to make work-related decisions authorized by or in order to comply with federal, state, or local law or regulation that takes a person's vaccination status into account. This includes authorization for the **City** to use and disclose this information for the purposes provided under the Cal/OSHA COVID-19 Regulations (8 C.C.R. §§ 3205-3205.4).

This authorization is limited to the following types of information: Information regarding my COVID-19 vaccination status.

The City is authorized to use this information for the following purposes: For legitimate, non-discriminatory business purposes where information regarding my vaccination status is necessary for the **City** to make work-related decisions authorized by or in order to comply with federal, state, or local laws that take a person's vaccination status into account, including to comply with the Cal/OSHA COVID-19 Regulations.

The following parties are authorized to receive disclosure of this information for the above purposes: Any agent or employee of **City**, visitor, invitee, or other member of the public accessing **City's** premises or facilities, etc., who may become aware of my vaccination status by my action(s) and/or those of the City.

Authorization Period: The parties specified above are authorized to disclose information regarding my COVID-19 vaccination status in the manner specified above through the length of my employment with the **City**.

Right to receive a copy of this authorization: I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the **City** will provide me with a copy of this authorization.

I authorize the limited uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Employee Name (PLEASE PRINT)

Signature

Date



City of Hermosa Beach COVID-19 Testing Registration Form

Please complete, sign, and return this form prior to the testing date and time assigned.

Clearly **print** the following information on this form.

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

Organization Name: _____

**CONSENT FOR COVID-19 TEST AND
AUTHORIZATION FOR DISCLOSURE AND USE OF MEDICAL INFORMATION**

(Confidentiality of Medical Information Act, §§ 56.10, 56.11, 56.20, 56.21)

Pursuant to California's Confidential Medical Information Act, I, _____, authorize Veritas Testing to disclose my medical information described in this authorization to representatives of the City of Hermosa Beach. I also authorize the same representatives of the City of Hermosa Beach to use the medical information for the purposes described in this authorization.

This authorization is limited to the following types of Information:

COVID-19 test results, including but not limited to any results of tests administered to detect the presence of the COVID-19 virus through Rapid Antigen, IGG/IGM Rapid blood test or Nasal PCR Test to detect antigen/antibody resulting from current or past infection.

The recipients of this information may use the Information for the following purpose(s):

Managing, controlling, and responding to COVID-19 infections among personnel.

Expiration Date: This authorization shall expire on December 31, 2022.

Right to Receive Copy of This Authorization: I understand that if I sign this authorization, the City of Hermosa Beach will provide me with a copy of this authorization upon request.

I authorize the use or disclosure of my medical information as described above for the purposes listed above. I understand this authorization is fully voluntary. I understand that I am voluntarily signing this authorization after having sufficient time to review this authorization.

INDIVIDUAL BEING TESTED:

NAME (PRINT)

SIGNATURE

DATE

MEDICAL STAFF:

NAME (PRINT)

SIGNATURE

DATE