January 25, 2022

Department of Administration Organizational Circular: 2021-025D

MEMORANDUM

To: All Line Departments and Agency Heads
From: Director, Department of Administration
Subject: Requirement of Government of Guam Executive Branch Workers to Vaccinate Against COVID-19 Guidance-Technical Update – No. 2

Buenas yan Hafa Adai! This is issued to provide an update to DOA Organizational Circular: 2021-025A relative to the Department of Administration’s (DOA) guidance on the requirement of Government of Guam Executive Branch Workers to Vaccinate Against COVID-19 Guidance-Technical Update. This circular along with all related circulars are available on the Human Resources Division’s website: http://hr.doa.guam.gov/resources/, click on “DOA HR CIRCULARS“, which is located on the right side of the page to download.

The following updates our Circular in relation to the Guam Department of Public Health & Social Services Guidance (DPHSS) Memorandum 2021-16 Rev01 and its Amendment 01 issued on January 9, 2022 and January 18, 2022 respectively (attached). It also has a major change to Requests for Exemptions based on Medical Reasons.

Requests for Exemption to Vaccination Requirement Based on Medical Reasons and Religious Reasons

The COVID-19 vaccination requirement as per Executive Order 2021-17 requires employees to be fully vaccinated, however employees may request to be exempted from this requirement based on medical reasons. In the past, such requests were sent to the Department of Public Health & Social Services (DPHSS) for review and approval/disapproval; however, as of this Circular, employees may use the attached Government of Guam Employee Request for Medical Exemption to COVID-19 Vaccination Requirement form and send them directly to their department heads or their designated points of contact. This means that these requests will now be reviewed by you as the employee’s department/agency head and approve/disapprove them.
This Circular also allows employees to request for an exemption from the vaccination requirement based on religious reasons and these requests are also to be reviewed by you as the employee’s department/agency head and approve/disapprove them. The request for religious exemption form is also attached.

For employees that you approve for an exemption from the vaccination requirement, you are to direct the appropriate official within your department to schedule these employees to submit to once weekly COVID-19 testing as their accommodation. For employees that you disapprove, you will also require them to submit to once weekly testing.

If any of your employees are not fully vaccinated and want to request for an exemption, please distribute the attached form. This form will be posted on our Human Resources Division’s website at: http://hr.doa.guam.gov/resources/. However, before you distribute these forms, please indicate on each of these forms, your designated point of contact who will receive your employees’ requests. Your point of contact should be able to assist you with the coordination of your review and ensuring your decisions are relayed to your employees.

The DPHSS is requested to complete their review of vaccination exemption requests based on medical and religious reasons and begin forwarding any requests received after the date of this Circular to the employee’s respective departments/agencies and notifying the affected employees of this action.

Requests for Exemptions to Vaccination Requirement Applicable Only to Employees Covered by Centers for Medicare & Medicaid Services (CMS) Mandate

Certain employees are mandated by U.S. Federal requirements to be vaccinated, (e.g. Centers for Medicare & Medicaid Services COVID-19 Health Care Staff Vaccination Mandate). These employees work in departments that are Medicare-Medicaid certified providers regulated under CMS standards. The CMS Mandate however, allows exemptions for these Health Care Staff based on medical and religious reasons. For these employees covered by the CMS Mandate and want to request for an exemption, they need to contact their respective department heads to request within the required deadlines.

For employees who are approved for an exemption from the vaccination requirement based on medical or religious reasons, you are to direct the appropriate official within your department to schedule these employees to submit to once weekly COVID-19 testing as their accommodation.

For employees who are disapproved and are COVERED by the CMS Mandate, you must direct the appropriate official within your department to immediate assist them in scheduling these employees for vaccination. Disapproved employee covered by the CMS Mandate must complete the primary vaccination series for COVID-19 no later than February 28, 2022.

Departments are to take progressive discipline for employees who are not compliant, and these employees may be subject to involuntary exclusion from the workplace.
COVID-19 Testing

Employees who are subject to once weekly testing due to not being fully vaccinated or providing proof of being fully vaccinated must continue to undergo testing at a Government of Guam Designated Testing Site and use the Testing Form provided in DOA Organizational Circular 2021-025A for accountability purposes. It is preferred that all others also go to a Government of Guam Designated Testing Site; however, they may also go to the health facility of their choice. Please note that the Government of Guam will not pay for any testing; if there is a fee or charge, the employee must bear the cost.

Supervisors and managers should continue to use discretion in allowing the employee to work, should an employee exhibit, or continue to exhibit symptoms of being sick.

Although COVID-19 self-tests are available, the results of such tests should be confirmed by being tested at either a Public Health facility or healthcare provider, especially if the employee is a close contact or is experiencing symptoms of COVID-19.

Who may Instruct Employees to Quarantine or Isolate

DOA Organizational Circular 2021-025A states that only DPHSS may instruct employees to quarantine or isolate (see pages 10 and 11 of Circular 2021-025A). This Circular updates these sections to recognize that instructions to quarantine and isolate may come from medical facilities and healthcare providers, other than DPHSS.

Duration of Quarantine/Isolation and when to schedule and undergo a COVID-19 test

Employees who are in isolation due to testing positive for COVID-19, or in quarantine, are to return to work after the required number of days has passed as applicable, based on the most current DPHSS Guidance, which as of the date of this Circular is DPHSS Guidance Memorandum 2021-16 Rev01. This DPHSS Guidance and any subsequent guidance from DPHSS supersedes any time period indicated in DOA Organizational Circular: 2021-025A in regards to duration of quarantine, isolation and the time period to schedule and undergo a COVID-19 test. Attached is an Isolation and Quarantine Flow Chart that provides a visual presentation of the information provided in DPHSS Guidance Memorandum 2021-16 Rev01.

Public Health Clearances No Longer Required to Return to Work:

Employees who are not at work due to being in isolation or quarantine and have completed their required number of days to discontinue isolation or quarantine, may request and be given a Public Health Clearance by DPHSS. Due to unforeseen circumstances however, DPHSS may not always provide Clearances. Departments therefore shall no longer require employees to provide a Public Health Clearance letter in order to return to work. Employees however, must still submit their leave form.
It is imperative that supervisors and management impress upon their employees that they update their supervisors and Vaccination Status Coordinators of their vaccination status, their test status, and if they had previously tested positive for COVID-19, and to constantly communicate with each other in order to determine the appropriate date that their employees are to return to work. It is highly recommended to remind employees the reason for them sharing the above-mentioned information is to help provide a safe environment for themselves and their coworkers with the understanding that such information is to be confidentially maintained.

However, if any employee is suspected of purposely not reporting to work, or not fulfilling their agreement if teleworking, when they should be capable of working, their supervisor and/or management may require the employee to obtain official proof from DPHSS that the employee needs to remain on non-work status.

Please email Mr. Francis Flisco, Personnel Specialist IV at francis.flisco@doa.guam.gov if you have any questions. Si Yu‘us Ma‘ase!

EDWARD M. BIRN

Attachments:
DPHSS Guidance Memorandum 2021-16 Rev01
DPHSS Guidance Memorandum 2021-16 Rev01 (Amendment 01)
Isolation and Quarantine — as of January 9, 2022 Flow Chart
GovGuam Employee Request for Medical Exemption to COVID-19 Vaccination Reqt
GovGuam Employee Request for Religious Exemption to COVID-19 Vaccination Reqt

cc: DOA Payroll Branch
DPHSS Guidance Memorandum 2021-16 Rev01

Re: Guam Department of Public Health and Social Services Guidance for Individuals Who are Suspected or Confirmed for Having COVID-19

The purpose of this document is to update the community on the actions to take if an individual is identified for having SARS-CoV-2, the virus that causes COVID-19, or if an individual becomes exposed to someone confirmed with COVID-19. This guidance does not apply to individuals who are travelers entering into Guam by air or sea. This guidance is in accordance with the recommendations set forth by the U.S. Centers for Disease Control and Prevention. For more information, please visit the DPHSS website at dphss.guam.gov, or call 311.

A. Definitions

1. **“Close Contact”** is someone who has been within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period. An infected person can spread COVID-19 starting from 2 days before any symptoms develop (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

2. **“Exposure”** is having come into contact with a person who is COVID-19 positive.

3. **“Fully Vaccinated”** Fully vaccinated with a U.S. Food and Drug Administration Approved or Emergency Use Authorized COVID-19 vaccine, or with a World Health Organization Emergency Use Listing COVID-19 vaccine, is defined as being ≥ 2 weeks post second dose in a 2-dose series, or ≥ 2 weeks post single-dose vaccine.

4. **“Isolation”** is the separation, for the period of communicability or contamination, of infected or contaminated persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible or who may spread the agent or contaminant to others. A person who has COVID-19 is placed in isolation.

5. **“Ongoing Exposure”** is defined as being repeatedly exposed to a person with COVID-19 until that person is no longer able to spread the virus, and is often observed in situations where separation in a household is not possible.

6. **“Quarantine”** is the limitation of freedom of movement of such well persons or domestic animals as have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, in such manner as to prevent effective contact with those not so exposed. A close contact is placed in quarantine.
B. Addressing Sick Individuals
1. If you are sick, you should:
   a. Stay home, except to seek medical care. Call ahead before visiting the clinic/doctor;
   b. Monitor for symptoms of COVID-19 including fever, cough, and shortness of breath, fatigue, body aches, headaches, loss of taste or smell, sore throat, congestion, nausea and/or diarrhea;
   c. Get tested if you have symptoms of COVID-19. While waiting for test results, you should self-quarantine at home, stay away from others, including staying apart from those living in your household;
   d. Wear a well-fitting face mask properly around others at home and in public; and,
   e. Seek emergency medical care immediately or call 911 if you are experiencing any of the following warning signs of COVID-19:
      1) Trouble breathing;
      2) Persistent pain or pressure in the chest;
      3) New confusion;
      4) Inability to wake or stay awake;
      5) Bluish lips or face.

C. Testing for COVID-19
1. COVID-19 tests are available to help determine current infection or past infection.
2. Viral tests look for current infection and may include:
   a. Molecular tests, such as RT-PCR tests, that detect the virus’s genetic material, and
   b. Antigen tests that detect specific proteins on the surface of the virus.
3. Antibody test (serology test) might tell you if you had a past infection. Antibody tests should not be used to diagnose a current infection.

D. Who Should Get Tested for COVID-19
1. People who have symptoms of COVID-19; and/or,
2. Close contacts with someone confirmed with COVID-19;
   a. People who have tested positive for COVID-19 within the past 3 months (90 days) and recovered do not need to be tested following an exposure as long as they do not develop symptoms.

E. If You Get Tested for COVID-19
1. Individuals may receive COVID-19 testing at their healthcare provider or at any other COVID-19 testing site, including the DPHSS COVID-19 testing outreach.
2. Individuals may also use a COVID-19 self-collection kit, or a self-test, which can be performed at home.
   a. When administering a COVID-19 self-test, it is important to follow the manufacturer’s instructions exactly and to perform the steps in the order that they are listed.
   b. COVID-19 self-test test results may be confirmed by visiting a healthcare provider or any other COVID-19 testing site.
3. While waiting for your COVID-19 test result, you should self-quarantine at home, stay away from others, including staying apart from those living in your household, and monitor for symptoms of COVID-19 until you receive your result.
F. If You Test Positive for COVID-19
   1. You must isolate at home or at a government isolation facility until cleared using the DPHSS Criteria for Discharging a Person from Isolation.
   2. Steps to take while in isolation:
      a. Eat in a separate room or area; use a separate bedroom; use a separate bathroom. If sharing a bathroom, clean and disinfect after each use;
      b. Avoid sharing personal items – dishes, cups/glasses, silverware, towels, bedding or electronics (e.g., cellphone);
      c. Wear a well-fitting face mask properly around others at home and in public;
      d. Wash your hands often (soap and water, or hand sanitizer); avoid touching your eyes, nose, or mouth with unwashed hands;
      e. Clean and disinfect “high touch” surfaces and items every day (tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, electronics)
   3. If you test positive using a COVID-19 self-test, report your result to dphss.surveillance@dphss.guam.gov. To confirm your results, visit a healthcare provider or any other COVID-19 testing site.

G. Duration of Isolation
   1. For symptomatic individuals at the time of testing:
      a. If you are unvaccinated or not fully vaccinated, isolation may be discontinued after:
         1) At least 10 days have passed since symptoms first appeared;
         2) At least 24 hours have passed with no fever and without using fever-reducing medication; and,
         3) Other symptoms have improved.
      b. If you are fully vaccinated or boosted, isolation may be discontinued after:
         1) At least 5 days have passed since symptoms first appeared;
         2) At least 24 hours have passed with no fever and without using fever-reducing medication; and,
         3) Other symptoms have improved.
   2. For asymptomatic individuals at the time of testing:
      a. If you are unvaccinated or not fully vaccinated, isolation may be discontinued after:
         1) At least 10 days have passed since the day of the positive specimen collection.
         a) For healthcare personnel, at least 5 days if a negative COVID-19 viral test is obtained within 24 hours prior to returning to work.
         (i) Healthcare personnel should continue to wear a well-fitting mask properly around others at home and in public for 5 additional days.
         2) If you become symptomatic, refer to Section G.1.
      b. If you are fully vaccinated or boosted, isolation may be discontinued after:
         1) At least 5 days have passed since the day of the positive specimen collection.
         a) You should continue to wear a well-fitting mask properly around others at home and in public for 5 additional days.
         2) If you become symptomatic, refer to Section G.1.
   3. People who are severely immunocompromised may need to remain in isolation up to 20 days after symptoms first appeared.
4. A test-based approach for discontinuing isolation may be considered in consultation with the Chief Medical Officer, Medical Director, or any designated Public Health medical provider. Close contacts will still be subject to quarantine.

5. A Public Health clearance letter may be provided when the patient is released from isolation.

6. If symptoms worsen while in isolation, you should contact your healthcare provider immediately, seek emergency care, and/or call 911.

H. If You Have Had COVID-19

1. People who have tested positive for COVID-19 do not need to isolate or quarantine, nor receive testing, for up to 3 months (90 days) after the date of the first positive specimen collection as long as they do not re-develop symptoms. People who re-develop symptoms within 3 months (90 days) of their first positive specimen collection may need to be tested again if there are no other causes identified for their symptoms.

2. People who have previously tested positive for COVID-19 and tested positive again ≥ 3 months (90 days) since the initial positive specimen collection date must isolate (Section F). All close contacts will be subject to quarantine (Section I).

I. Individuals Identified as Close Contacts

1. If you are identified as a close contact to someone who has COVID-19, you must quarantine for 10 days after your last date of exposure;
   a. A 5-day self-quarantine period is recommended for people who have not been boosted, or who have completed the primary series of Pfizer-BioNTech or Moderna vaccine over 5 months ago, or who have completed the primary series of J&J vaccine over 2 months ago, and are not experiencing any symptoms of COVID-19.

2. Stay home and monitor your health, watch for fever, cough, shortness of breath, or other symptoms of COVID-19;

3. If possible, stay away from others, especially people who are at higher risk for getting sick from COVID-19;

4. Schedule and receive a viral COVID-19 test at a healthcare facility or at any COVID-19 testing site 5-7 days after your last date of exposure;
   a. If positive, refer to Section F.
   b. If negative, quarantine may be discontinued after day 7. Self-monitor for symptoms of COVID-19 for the remaining 10 days after your last date of exposure.

5. Individuals who receive a viral COVID-19 self-collection test:
   a. If positive, refer to Section F.
   b. If negative, re-test at a healthcare facility or at any COVID-19 testing site at least 24 hours following the negative result.

6. If you do not receive a viral COVID-19 test 5-7 days after your last date of exposure, you must quarantine for 10 days.

7. A Public Health clearance letter may be provided when the individual is released from quarantine.

8. Close contacts who qualify for exemption from quarantine:
   a. People who have tested positive for COVID-19 within the last 90 days and recovered as long as they do not develop new symptoms; or
b. People who have been boosted, or who have completed the primary series of Pfizer-BioNTech or Moderna vaccine within the last 5 months, or who have completed the primary series of J&J vaccine within the last 2 months, and are not experiencing any symptoms of COVID-19.

c. In the K-12 indoor classroom settings, students who were between 3 to 6 feet of an infected student, if both the infected student and the exposed student correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

9. Close contacts with ongoing exposure to COVID-19 and who are not vaccinated or fully vaccinated should:
   a. Quarantine immediately and throughout the isolation period of the person with COVID-19;
   b. Get tested immediately when they are identified as a close contact;
   c. Continue to quarantine for an additional 10 days starting after the end of the isolation period for the person with COVID-19;
   d. Schedule and receive a COVID-19 test 5-7 days after your last date of exposure;
      1) If positive, refer to Section F.
      2) If negative, quarantine may be discontinued after day 7. Self-monitor for symptoms of COVID-19 for the remaining 10 days after your last date of exposure.
   e. If you do not schedule and receive a viral COVID-19 test, you must quarantine for 10 days.

10. Close contacts with ongoing exposure to COVID-19 who are fully vaccinated or boosted (Section I.8.b.), or fully vaccinated and eligible for a booster (Section I.1.a.), should:
   a. Schedule and receive a viral COVID-19 test immediately after their first exposure;
      1) If positive, refer to Section F.
   b. Schedule and receive a viral COVID-19 test again 5-7 days after the end of the isolation period for the person with COVID-19;
      1) If positive, refer to Section F.

11. Asymptomatic healthcare personnel (HCP), regardless of vaccination status, are not required to quarantine but must be tested 3-4 days after the last date of exposure.
   a. If positive, refer to Section F.

12. Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program, or employee health office) to arrange for medical evaluation and testing.

13. All HCP should follow recommended infection prevention and control practices and monitor for symptoms consistent with COVID-19.

ROBERT LEON GUERRERO, MD
Interim Chief Medical Officer

ZENNIA PECINA, MSN, RN
Acting Chief Public Health Officer

ARTHUR U. SAN AGUSTIN, MHR
Director

***SUBJECT TO CHANGE WITHOUT NOTICE***
January 18, 2022

DPHSS Guidance Memorandum 2021-16 Rev01 (Amendment 01)

RE: Clearance from Isolation and or Quarantine

The purpose of this Memorandum is to clarify the requirements for the completion of isolation for individuals identified for having SARS-CoV-2, the virus that causes COVID-19, and/or the completion of quarantine for those who come into close contact with someone confirmed with COVID-19.

On January 09, 2022, the Department of Public Health and Social Services (DPHSS) issued DPHSS Guidance for Individuals Who are Suspected or Confirmed for Having COVID-19 (“DPHSS Guidance Memorandum 2021-16 Rev01”), which outlines the duration of isolation (Section G) and quarantine (Section I). In furtherance of DPHSS Guidance Memorandum 2021-16 Rev01, a DPHSS clearance letter is not required at the conclusion of the isolation or quarantine period, although a letter may be provided upon request. The community is reminded to continue to practice safe social distancing and to wear a well-fitted mask properly around others.

Please join us in keeping our people and community healthy and safe.

ARTHUR U. SAN AGUSTIN, MHR
Director
Isolation and Quarantine – as of January 9, 2022

Based on Executive Order 2021-32 and DPHSS Guidance Memo 2021-16 Rev. 1.

*Close contacts are someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.
GOVERNMENT OF GUAM EMPLOYEE REQUEST FOR MEDICAL EXEMPTION TO COVID-19 VACCINATION REQUIREMENT

Executive Order No. 2021-17 requires Government of Guam Executive Branch Employees to vaccinate against COVID-19. Employees who decline to receive a COVID-19 vaccination, or do not provide proof of such vaccination, are required to undergo a COVID-19 PCR or antigen test (or other test utilized/recognized by the Department of Public Health & Social Services), once weekly. These employees who decline, or do not provide proof of vaccination and are doing so based on medical reasons, such as a disability, are encouraged to fill out this form.

Certain employees are mandated by U.S. Federal requirements to be vaccinated, (e.g. Centers for Medicare & Medicaid Services COVID-19 Health Care Staff Vaccination Mandate). If you work in a department that is a Medicare-Medicaid certified provider regulated under CMS standards, this requirement may apply to you; please verify with your department. This CMS Mandate however, allows exemptions for these Health Care Staff based on medical reasons, such as a disability. For these employees covered by the CMS Mandate and want to request for an exemption based on medical reasons, this form must be completed.

Employees who are approved for an exemption from the vaccination requirement will be required to submit to once weekly COVID-19 testing as their accommodation. Employees who are disapproved AND are NOT required by the CMS Mandate to become fully vaccinated, will also be required to submit to once weekly testing. Employees who are disapproved and are REQUIRED to comply with the CMS Mandate, will be contacted to immediately schedule vaccination. Disapproved employee covered by the CMS Mandate must complete the primary vaccination series for COVID-19 no later than February 28, 2022.

Respective Department/Agency Heads will review and approve/disapprove requests on a case-by-case basis. More information may be requested as needed as part of their review. Your department/agency is required to keep confidential any medical information provided.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

To request a medical exemption from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.

2. Your medical provider must complete Part 2 of this form.

3. When both are completed, you must submit the form to your agency’s designated point of contact in person or via email:

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GOVERNMENT OF GUAM EMPLOYEE REQUEST FOR
MEDICAL EXEMPTION TO COVID-19 VACCINATION REQUIREMENT

Part 1 – To be Completed by Employee:

I am an employee covered by the CMS COVID-19 Health Care Staff Vaccination Mandate, or other U.S. Federal Vaccination Mandate: (Note: A box must be checked otherwise the request will be rejected)

☐ YES I understand that my request must be approved in order to be exempted from the Vaccine Mandate and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, then I understand that I must become fully vaccinated. I also understand that if my request is disapproved and I am not compliant by becoming fully vaccinated, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

I further understand that my completed request form must be submitted before Close of Business of January 27, 2022. To meet the CMS Mandate Phase 2 deadline, requests for exemptions that were received no later than January 27, 2022 must have received approval by my Department/Agency Head no later than February 28, 2022.

☐ NO Obtain your supervisor’s signature as verification: ________________________

Employee Name (First, MI, Last): [__________]

Date of Request: [__________]

Department: [__________]

Division: [__________]

Position Title: [__________]

Ph. No. / Email: [__________]

Supervisor’s Name (First, MI, Last): [__________]

Supervisor’s Position Title: [__________]

Supervisor’s Ph. No. / Email: [__________]

Medical Exemption Request:
I am requesting a medical exemption to the requirement for COVID-19 vaccination. I understand that my request must be approved in order to be exempted from the Vaccine requirement and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, and I AM NOT COVERED by the CMS Mandate, then I understand that I must submit to once weekly testing. If my request is disapproved and I AM COVERED by the CMS Mandate, I understand that I must become fully vaccinated by the required deadlines. I also understand that if I am not compliant, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace. I understand it is my responsibility to provide this form to my medical provider to complete and the Government of Guam is not responsible for any cost that my medical provider may charge me to complete this form. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Employee Signature: [__________]

Date: [__________]
Part 2 – To be Completed by Employee’s Medical Provider:

Employee Name (Print: First, MI, Last):

Dear Medical Provider:

The employee who filled out this form is required to be fully vaccinated pursuant to either the Governor of Guam’s Executive Order 2021-17, or a U.S. Federal Mandate such as the CMS COVID-19 Health Care Staff Vaccination Mandate. This employee is seeking a medical exemption to the vaccination requirement. Please complete this form to assist the employee’s Department/Agency in its reasonable accommodation process. The requested information from you as the medical provider must be completed for the employee’s Department/Agency Head to properly consider this request.

Please checkmark which vaccine(s) that are clinically contraindicated for the employee to receive:

Pfizer _____ Moderna _____ Johnson & Johnson _______

Please describe the recognized clinical reasons for the contraindications:

Indicate if the condition above is:

Temporary ______ - Date expected to end/expire to allow vaccination to begin after this date
Date: ___________

Long-Term ______ (Expiration date not required)

Medical Provider’s Recommendation for Medical Exemption Statement:

_Based on my medical evaluation of the above-named employee and the applicable descriptions, I hereby recommend the employee be exempted from the COVID-19 vaccination requirement by my official stamp, signature and date on this form below._

Guam Licensed Physician’s Official Stamp:

Guam Licensed Physician’s Signature:

Date:
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<th>FOR EMPLOYEE’S DEPARTMENT/AGENCY OFFICIAL USE ONLY</th>
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<td><strong>Employee Name (Print: First, Ml, Last):</strong></td>
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<td>Name of Department/Agency:</td>
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All requests for exemption must be acknowledged received by responsible Department/Agency official and employee notified of the date of such receipt.

After decision has been made and form signed by the Department/Agency Head, provide a copy to the employee and confidentially maintain a copy for record purposes.

Management must take progressive discipline if employee fails to comply and may be removed from the work site.

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<th>Request for Medical Exemption Received by:</th>
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Medical Exemption Request Status:

- **Approved:**
  - Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing.

- **Disapproved:**
  - Request is disapproved AND employee is NOT COVERED under the CMS Mandate to become fully vaccinated; the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing.

- **Disapproved:**
  - Request is disapproved AND employee is COVERED under the CMS Mandate, the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to immediately coordinate the vaccination of the employee. **Employee must have completed the primary vaccination series for COVID-19 no later than February 28, 2022.**

Comments (Mandatory if Request is disapproved):

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GOVERNMENT OF GUAM EMPLOYEE REQUEST FOR RELIGIOUS EXEMPTION TO COVID-19 VACCINATION REQUIREMENT

Executive Order No. 2021-17 requires Government of Guam Executive Branch Employees to vaccinate against COVID-19. Employees who decline to receive a COVID-19 vaccination, or do not provide proof of such vaccination, are required to undergo a COVID-19 PCR or antigen test (or other test utilized/recognized by the Department of Public Health & Social Services), once weekly. These employees who decline, or do not provide proof of vaccination and are doing so based on religious reasons, are encouraged to fill out this form.

Certain employees are mandated by U.S. Federal requirements to be vaccinated, (e.g. Centers for Medicare & Medicaid Services COVID-19 Health Care Staff Vaccination Mandate). If you work in a department that is a Medicare-Medicaid certified provider regulated under CMS standards, this requirement may apply to you; please verify with your department. This CMS Mandate however, allows exemptions for these Health Care Staff based on religious reasons. For these employees covered by the CMS Mandate and want to request for an exemption based on religious reasons, this form must be completed.

Employees who are approved for an exemption from the vaccination requirement will be required to submit to once weekly COVID-19 testing as their accommodation. Employees who are disapproved AND are NOT COVERED by the CMS Mandate to become fully vaccinated, will also be required to submit to once weekly testing. Employees who are disapproved and are COVERED by the CMS Mandate, will be contacted to immediately schedule vaccination. Disapproved employee covered by the CMS Mandate must complete the primary vaccination series for COVID-19 no later than February 28, 2022.

The purpose of this form is to start the accommodation process and help your department/agency determine whether you may be eligible for a religious exemption. You are encouraged to provide as much information as possible to enable your department/agency to evaluate your request. Where there is an objective basis to do so, your department/agency may ask you for additional information as needed to determine if you are entitled to an exemption.

Objections to COVID-19 vaccinations that are based on non-religious reasons, such as personal preferences, or non-religious concerns about the vaccine, do not qualify for a religious exception. Departments/agencies may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual’s beliefs—or degree of adherence—may change over time and, therefore, an employee’s newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief.

Your Department/Agency Head will review and approve/disapprove requests on a case-by-case basis.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

To request a religious exemption from the COVID-19 vaccination requirement, please fill out this form by answering the following:

1. You must complete Part 1 of this form.
2. Complete Part 2 of this form; again, you are encouraged to provide as much information as possible to enable your department/agency to evaluate your request.

3. When completed, you must submit the form to your agency’s designated point of contact in person or via email:

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Part 1 - To be Completed by Employee:

I am an employee covered by the CMS COVID-19 Health Care Staff Vaccination Mandate, or other U.S. Federal Vaccination Mandate: (Note: A box must be checked otherwise the request will be rejected)

☐ YES  I understand that my request must be approved in order to be exempted from the Vaccine Mandate and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, then I understand that I must become fully vaccinated. I also understand that if my request is disapproved and I am not compliant by becoming fully vaccinated, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

I further understand that my completed request form must be submitted before Close of Business of January 27, 2022. To meet the CMS Mandate Phase 2 deadline, requests for exemptions that were received no later than January 27, 2022 must have received approval by my Department/Agency Head no later than February 28, 2022.

☒ NO  Obtain your supervisor’s signature as verification: ________________________

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<th>Employee Name (First, MI, Last):</th>
<th>Date of Request:</th>
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<th>Supervisor's Name (First, MI, Last):</th>
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<th>Supervisor’s Ph. No. / Email:</th>
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Part 2 - To be Completed by Employee:

**Employee Name (First, MI, Last):**

Please describe the nature of your objection to the COVID-19 vaccination requirement.

Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.

Please provide any additional information that you think may be helpful in reviewing your request. For example:
- How long you have held the religious belief underlying your objection
- Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines
- Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)

**Religious Exemption Request:**

I am requesting a religious exemption to the requirement for COVID-19 vaccination. I understand that my request must be approved in order to be exempted from the Vaccine requirement and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, and I AM NOT COVERED by the CMS Mandate, then I understand that I must submit to once weekly testing. If my request is disapproved and I AM COVERED by the CMS Mandate, I understand that I must become fully vaccinated by the required deadlines. I also understand that if I am not compliant, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

**Employee Signature:**

**Date:**
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<th><strong>FOR EMPLOYEE’S DEPARTMENT/AGENCY OFFICIAL USE ONLY</strong></th>
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<tr>
<td><strong>Employee Name (First, MI, Last):</strong></td>
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<tr>
<td>Name of Department/Agency:</td>
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All requests for exemption must be acknowledged received by responsible Department/Agency official and employee notified of the date of such receipt.

After decision has been made and form signed by the Department/Agency Head, provide a copy to the employee and confidentially maintain a copy for record purposes.

Management must take progressive discipline if employee fails to comply and may be removed from the work site.

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<th>Request for Religious Exemption Received by:</th>
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<th>Religious Exemption Request Status:</th>
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<td>_____ Approved:</td>
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<td>Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing.</td>
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| _____ Disapproved:                          |
| Request is disapproved AND employee is NOT COVERED under the CMS Mandate to become fully vaccinated; the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing. |

| _____ Disapproved:                          |
| Request is disapproved AND employee is COVERED under the CMS Mandate, the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to immediately coordinate the vaccination of the employee. **Employee must have completed the primary vaccination series for COVID-19 no later than February 28, 2022.** |

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<th>Department/Agency Head Name (Print First, MI, Last):</th>
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<th>Department/Agency Head Signature: Date:</th>
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<th>Date Employee Notified of Decision:</th>
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<th>Name of Designated Official who Notified Employee:</th>
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