



AEOLIAN MUSICAL ARTS ASSOCIATION – COVID-19 VACCINATION POLICY

PURPOSE

To ensure that Aeolian Hall Musical Arts Association employees, volunteers, patrons and guests are adequately immunized to minimize their risk of infection and to reduce the risk of transmission to others.

POLICY STATEMENT

The Aeolian is committed to protecting employees, volunteers, patrons and guests from hazards in the workplace, including infectious and vaccine preventable diseases and to maintaining a protected environment.

APPLICATION

Aeolian Hall Musical Arts Association employees, volunteers, patrons and guests are required as a condition of entry and of employment, to:

1. Comply with daily screening measures;
2. Provide documentation of immunization status (wherein two immunizations are required for entry to any Aeolian Hall building or to participate in any Aeolian Hall program), INCLUDING:
 - Proof of two immunizations and a piece of photo identification or, once available,
 - A valid COVID-19 Passport and a piece of photo identification.
3. Wear a mask at all times with the following exceptions: eating, drinking, performing on stage, playing a wind or brass instrument in a classroom setting.

The Aeolian recognizes its duty to accommodate individuals who are unable to receive a vaccine(s), for reasons related to a disability or creed (religious beliefs) as relevant Ontario Human Rights Code protected grounds, to the point of undue hardship. Individuals who are unable to receive vaccines or tests for medical reasons or any relevant Ontario Human Rights Code protected ground, will be required to complete and submit applicable documentation, including:

1. A medical exemption to vaccination (documented allergen to a component of the vaccine OR documented allergic reaction to the first immunization, signed by a physician)
 - a. Daily rapid antigen testing must be provided at time of screening with a negative test result for COVID-19. Only official test results documentation will be accepted. Tests are at the expense of the individual.
2. A religious exemption from one of the following denominations: Dutch Reform, a Faith Healing denomination such as Church of Christ, Scientist wherein the official, most-recently published doctrine of the Church expressly prohibits responsible immunization.
 - a. The Aeolian reserves the right to research current policies as they relate to the religious denomination in question.
 - b. Supporting documentation, such as a letter signed by an official with the Church may be requested.
 - c. Wherein the view of the individual or religious official differs with the most recently published creed of the religious denomination, the Aeolian will defer to the denomination.





- d. Daily rapid antigen testing must be provided at time of screening with a negative test result for COVID-19. Only official test results documentation will be accepted. Tests are at the expense of the individual.

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APPENDIX A

MEDICAL EXEMPTION TO DECLINE THE COVID-19 VACCINE

_____ (*PRINTED NAME OF INDIVIDUAL*) has a medical exemption for the COVID-19 Vaccine in relation to a condition indicated below.

The following conditions are the only absolute medical exemptions from the COVID-19 vaccine:

1. **Documented anaphylaxis** to a previous dose of COVID-19 vaccine or documented anaphylaxis to one of the vaccine components in authorized, available COVID-19 vaccines:

Vaccine product

Potential allergen included in the vaccine or its container

Pfizer-BioNTech COVID-19 vaccine

Polyethylene glycol (PEG)

Moderna COVID-19 vaccine

PEG Tromethamine (trometamol or Tris)

AstraZeneca COVID-19 vaccine

Polysorbate 80

2. **Individuals with a history of myocarditis and/or pericarditis** should discuss the risks and benefits of receiving an mRNA vaccine or, alternately, the risks and benefits of receiving a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.
 3. very rare cases of **capillary leak syndrome (CLS)** have been reported following vaccination with viral vector vaccines (AstraZeneca COVID-19 Vaccine). Patients who have previously experienced episodes of CLS should not be vaccinated with AstraZeneca COVID-19 Vaccine or COVISHIELD but may receive an mRNA vaccine (Pfizer or Moderna).
 4. **Individuals with a history of combined thrombosis and thrombocytopenia** should receive an mRNA vaccine. A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with the AstraZeneca COVID-19 Vaccine. Where an allergy precludes administration of an mRNA vaccine, individuals with a history of combined thrombosis and thrombocytopenia may discuss the risks and benefits of a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.
- **It is understood that the individual will be required to wear a mask at all times, precluding them from some activities – without exception.**



Physician Signature: _____ Date _____

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APPENDIX B

SELF-ATTESTATION OF RELEVANT HUMAN RIGHTS PROTECTED GROUND TO DECLINE THE COVID-19 VACCINE FORM

I _____ am electing to decline the COVID-19 vaccine, on the basis of religious belief.

I acknowledge that the COVID-19 vaccine is required by all staff, volunteers, patrons and guests of the Aeolian Hall.

I attest and say as follows:

- Immunization conflicts with the most recently published doctrine of my religious denomination (please attach documentation).
- I make this attestation for the purposes of complying with the requirements of the Aeolian Hall Immunization Policy.

In choosing to decline a mandatory vaccine, I understand I am assuming the risks associated with not receiving the required COVID-19 vaccine, which may include:

- Voluntarily acquiring an infection.
 - Voluntarily transmitting a potentially deadly infection to others.
 - Experiencing complications from an infection; and/or
 - Having to undergo medical treatment/follow-up after an infection exposure.
- **It is understood that the individual will be required to wear a mask at all times, precluding them from some activities – without exception.**

Signature: _____ Date: _____

