

COVID-19 & International Travel

Policy Information	
<b>Issuing Authority:</b> Incident Management Team	<b>Effective Date:</b> 9/1/21 for the 2021-2022 Academic Year
<b>Responsible Units:</b> Incident Management Team; Global Initiatives and International Programs; Office of the Provost; Human Resources	<b>Revision Dates:</b>

**Policy Summary:**

The College has adopted this Policy consistent with its goals to provide and maintain a safe and healthy environment for students, faculty and staff. This Policy is based on vaccination guidance provided by the Centers for Disease Control and Prevention (CDC). In this regard, students, faculty, staff, and volunteers on international travel sponsored by Cedar Crest College must be fully vaccinated against COVID-19 or receive an exemption as stated in this Policy. Exemptions apply only for medical conditions or sincerely held religious beliefs that preclude a person from receiving the COVID-19 vaccination.

**Policy:**

All students, faculty, staff and volunteers on college-sponsored international travel outside of the United States must be fully vaccinated against COVID-19 and follow other guidance for fully vaccinated travelers from the CDC and the Pennsylvania Department of Health.

The CDC recommendation is, “Do not travel internationally until you are fully vaccinated” (6/10/21 update; retrieved 8/16/21). The CDC’s guidance for the fully vaccinated additionally includes the following for international travelers:

- Understand airline and destination COVID-19 requirements prior to travel, including checking on the current COVID-19 situation at the traveler’s destination,
- Wear a mask over the nose and mouth while on public transportation during international travel,
- Before boarding a return flight to the United States, present a negative COVID-19 test taken within three days of travel or documentation of recovery from a case of COVID-19 in the past three months, and
- Be tested with a viral COVID-19 test 3-5 days after return to the United States, while self-monitoring for COVID-19 symptoms.

Please see the following website for complete and current CDC guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>

This COVID-19 vaccine requirement is in place for all college-sponsored international travel, including but not limited to the Sophomore Expedition, recognized study-abroad terms, study-away tours, Faculty Development Grant international travel, or other international travel for official college business. Proof

of full vaccination or an approved exemption must be on record with the Office of Global Initiatives and International Programs (students) or Human Resources (faculty and staff) to permit college-sponsored international travel. Proof of full vaccination must be received no less than thirty (days) prior to the date of departure. For purposes of this policy, an individual is deemed “fully vaccinated” two (2) weeks after the final dose of a 2-dose series of a COVID-19 vaccine, such as the Pfizer or Moderna vaccines, or two (2) weeks after the administering of the single-dose vaccine, such as Johnson and Johnson’s Janssen vaccine. The term “fully vaccinated” further includes the requirement that an individual receive any booster doses of the COVID-19 vaccine which are endorsed by the CDC Advisory Committee for Immunization Practices (ACIP) provided the appropriate timeframe has passed from the individual’s initial vaccination(s) as recommended by ACIP.

Any such proof of vaccination will be maintained in the same manner in which the College maintains other medical documentation for students, faculty, or staff.

Exemptions for this College policy will only be made in the event that an individual has a medical condition or sincerely held religious belief that precludes the person from receiving the vaccination. Individuals who receive an exemption will be required to adhere to additional safety protocols which may include, but are not limited to, daily testing for COVID-19 while on organized international group travel sponsored by the College. Any individual who fails to comply with the additional protective measures may be subjected to disciplinary action by the College.

To apply for an exemption, individuals must complete the form “Application for Exemption from COVID-19 Vaccination for College-Sponsored International Travel” by the participant commitment date for the Sophomore Expedition, study-away tours, or study abroad terms. Individuals will be notified within fifteen (15) days regarding whether or not their exemption has been approved; individuals who have exemption requests denied will then have seven (7) days to complete a commitment form for the study travel, if they so choose. Exemption requests for other forms of college-sponsored travel (as with business travel or travel arranged through development funding) must be received at least sixty (60) days prior to the date of international travel. Forms should be provided to the Office of Global Initiatives and International Programs (students) or Human Resources (faculty and staff).

**Revision History:**

## Application for Exemption from COVID-19 Vaccination for College-Sponsored International Travel

The College requires all students, faculty, staff, and volunteers on international travel sponsored by Cedar Crest College to be fully vaccinated against COVID-19 or receive an exemption as stated in this Policy. Individuals may request an exemption to this requirement on the basis of: (1) a medical condition, or (2) a bona fide religious belief, observance, or practice that is sincerely held that prohibits immunization. An exemption does not excuse you from the COVID-19 prevention requirements but rather provides an alternate method of compliance in place of the immunization. To consider your request for an exemption, you must complete and submit the Exemption Request Form (Attachment A) along with the required supporting documentation (Attachment B for medical exemption request or Attachment C for religious exemption request) to the Office of Global Initiatives and International Programs (students) or Human Resources (faculty and staff). Supporting medical documentation must include information that supports the rationale for granting the exemption (i.e., results of an allergy test, etc.). You may be asked to sign a Release of Information form for the appropriate healthcare provider if your documentation does not supply the above documentation. You may also be interviewed in order to obtain additional information when requesting an exemption for religious reasons.

Any individual who is granted an exemption will be required to adhere to additional protective measures. Any individual who fails to comply with the additional protective measures may be subjected to disciplinary action by the College.

ATTACHMENT A

IMMUNIZATION EXEMPTION REQUEST FORM

I request an exemption to the COVID-19 immunization requirement based on the following:

\_\_\_\_\_ Medical Reason

\_\_\_\_\_ Religious Belief

I have attached and/or requested the required supporting documentation to this request (Attachment B for medical reason or Attachment C for religious belief). I understand that my failure to submit acceptable medical documentation or provide sufficient information describing my religious belief, observance or practice may result in my request for an exemption being denied.

I understand that my request for an exemption may be reviewed by employees of the College, including Human Resources and/or Legal Counsel or other authorized representatives who may assist in the evaluation of my request. I consent to the release of the request and supporting documentation to all such representatives of the College, on a need-to-know basis, in order for the representative to carry out their duties and to act on my request for an exemption. I acknowledge that I must be 18 years or older to sign this document.

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

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

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

ATTACHMENT B

MEDICAL EXEMPTION REQUEST FORM

Name of Student/Faculty/Staff/Volunteer: \_\_\_\_\_

Your patient is requesting to be exempted from the COVID-19 vaccination requirement for international travel. Medical exemption from COVID-19 vaccination is allowed ONLY for recognized contraindications (Moderna; Pfizer; CDC, FDA). Please complete the information below to request medical exemption for your patient. Clarification from the requesting individual and/or their physician may be requested in writing or by phone.

**Medical Waiver** – I \_\_\_\_\_ (Print Physician Name) certify that the above individual is under my medical care and should be exempt from receiving the COVID-19 vaccination due to following medical reason(s): \_\_\_\_\_

\_\_\_\_\_. Supporting documentation must be attached.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\*The Pfizer-BioNTech COVID-19 Vaccine is supplied as a frozen suspension in multiple dose vials; each vial must be diluted with 1.8 mL of sterile 0.9% Sodium Chloride Injection, USP prior to use to form the vaccine. The Pfizer-BioNTech COVID-19 Vaccine does not contain a preservative. Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine contains 30 mcg of a nucleosidemodified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2. Each dose of the Pfizer-BioNTech COVID-19 Vaccine also includes the following ingredients: lipids (0.43 mg (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)- 2000]-N,N-ditetradecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3- phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate, and 6 mg sucrose. The diluent (0.9% Sodium Chloride Injection) contributes an additional 2.16 mg sodium chloride per dose. **The Pfizer vaccine does not contain eggs, preservatives, or latex.**

Each 0.5 mL dose of Moderna COVID-19 Vaccine contains 100 mcg of nucleosidemodified messenger RNA (mRNA) encoding the pre -fusion stabilized Spike glycoprotein (S) of SARS-CoV-2 virus. Each dose of the Moderna COVID-19 Vaccine contains the following ingredients: a total lipid content of 1.93 mg (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero- 3-phosphocholine [DSPC]), 0.31 mg tromethamine, 1.18 mg tromethamine hydrochloride, 0.043

mg acetic acid, 0.20 mg sodium acetate trihydrate, and 43.5 mg sucrose. **The Moderna vaccine does not contain eggs, preservatives, or latex.**

ATTACHMENT C

RELIGIOUS EXEMPTION REQUEST FORM

If your religious beliefs or practices conflict with the COVID-19 vaccination requirement, please provide the following information so that we may evaluate your request for an exemption.

**Religious Waiver** – I \_\_\_\_\_ (Name), under my religious belief, decline to receive the COVID-19 vaccination for the following reasons: (Please explain in the space below how your religious beliefs prevent you from being able to take the COVID-19 vaccine which includes; how taking the vaccine places you in violation of your sincerely held religious beliefs or practices; and identify the specific component(s) of the vaccine that conflict with your sincerely held religious beliefs or practices. You may attach additional information as needed or which you would believe would be helpful in reviewing the requested exemption.)

---

---

---

---

---

---

---

Do other members of your immediate family (including children) receive vaccination \_\_\_ Yes \_\_\_ No

Have you ever received an influenza vaccination \_\_\_ Yes \_\_\_ No

Have you receive any other vaccinations in the past \_\_\_ Yes \_\_\_ No

Do you object to the vaccination because of what you believe it contains \_\_\_ Yes \_\_\_ No

If yes, what specific components of vaccine do you object to based on your religious beliefs \_\_\_\_\_

---

Please sign and date the form and certify that all information contained herein is true and accurate.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address