

October 13, 2021

Attn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*RE: University of Rochester's Covid-19 Supplier Vaccination Requirement*

To Whom It May Concern:

Effective on November 15, 2021, the University of Rochester requires that all personnel employed or affiliated with contractors, suppliers and consultants to the University of Rochester ("Contract Staff") and performing work indoors on the University's campuses and properties (i) be fully vaccinated against the COVID-19 disease, or (ii) undergo weekly COVID-19 testing during the week immediately prior to and each week during the time period that they perform work at the University. On or before **October 24, 2021**, all contractors, suppliers and consultants must attest their Contract Staff assigned to work indoors on the University's campuses and properties will comply with this requirement.

**Please note: Contract Staff of contractors, suppliers, and consultants who perform work at the University of Rochester Medical Center and its health care affiliates were notified of a separate vaccination requirement specifically for URM and affiliate facilities, which became effective Sept. 27, 2021. Except for those contractors whose work falls within the scope of the "Prevention of COVID-19 Transmission by Covered Entities" regulation of the New York State Department of Health, this requirement has been updated to also allow for weekly testing.**

**For any Contract Staff that routinely perform work indoors in *both* the URM/affiliate facilities and non-URM/affiliate facilities, both requirements and attestations must be completed.**

In addition, all Contract Staff must continue to comply with the University's current protocols, including:

- A. Wear a face mask indoors that covers their nose and mouth at all times; and
- B. Perform symptom screening prior to entering our facilities using the symptom screening tool, attached as Exhibit A.

More information regarding the University's current requirements can be found at:

<https://www.rochester.edu/coronavirus-update/>.

**To confirm that you and your Contract Staff will adhere to this requirement and comply with our protocols, please sign and return the attestation attached as Exhibit B via email to [UR\\_Supplier\\_Vaccination@ur.rochester.edu](mailto:UR_Supplier_Vaccination@ur.rochester.edu).** You and any of your subcontractors are required to maintain a record of weekly, negative COVID-19 tests for any Contract Staff who are not fully vaccinated against COVID-19. In addition, please ensure your Contract Staff assigned to our facilities can present proof of vaccination or negative weekly COVID-19 test on request by an authorized member of our organization.

The University may, in its sole discretion, consider exceptions to this requirement for emergency work.

Thank you for everything you do for the University of Rochester. The University is committed to the security and safety of our patients, students, faculty and staff. Please let us know if you have any questions regarding these requirements.

Sincerely,

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Exhibit A

**Supplier and Consultant - COVID-19 Symptom Screening Tool**

**\*\* This form is for your use, it does not need to be sent to the University of Rochester \*\***

In the past 24 hours, have you had any of the symptoms below that are new or unusual for you?

- |  |          |
|--|----------|
| 1. Temperature of 100 °F (37.8 °C) or higher       | Yes / No |
| 2. Chills  | Yes / No |
| 3. Severe muscle or body aches                     | Yes / No |
| 4. Severe fatigue                                  | Yes / No |
| 5. Severe headache                                 | Yes / No |
| 6. Congestion or runny nose (not due to allergies) | Yes / No |
| 7. Sore throat (not due to allergies)              | Yes / No |
| 8. Loss of taste or smell                          | Yes / No |
| 9. Loss of appetite                                | Yes / No |
| 10. Cough  | Yes / No |
| 11. Shortness of breath or difficulty breathing    | Yes / No |
| 12. Nausea, vomiting or diarrhea                   | Yes / No |

**If you answered Yes to any of the symptoms above, you cannot work onsite at any the University of Rochester campus or property.**

**If you answered yes any symptom above, we recommend you isolate and contact your physician for further guidance**

**Exhibit B**

**COVID-19 Vaccine Attestation**

Contractor, Supplier or Consultant's Name: \_\_\_\_\_ [Print Legal Name] (collectively "Supplier").

This Attestation is intended to document Supplier's agreement to comply with University of Rochester policy which requires that all personnel employed or affiliated with contractors, suppliers and consultants to the University of Rochester and performing work indoors on the University's campuses and properties be vaccinated against the COVID-19 disease. Supplier attests as follows.

1. On or before November 15, 2021, all of its Contract Staff and the Contract Staff of any of its subcontractors assigned to perform work indoors on the University's campuses and properties shall (i) have received a first dose of a COVID-19 vaccine ("Vaccine") and will receive a second dose in the timeframe recommended based on the Vaccine received (excepting the J&J/Janssen COVID-19 vaccine), or (ii) undergo weekly COVID-19 testing during the time period that they perform at the University.
2. On or after November 15, 2021, all Contract staff assigned to perform work indoors on the University's campuses and properties will present proof of vaccination (e.g. an electronic or print copy of their COVID-19 Vaccination Record card) or proof of weekly negative COVID-19 test on request.
3. All Contract Staff will comply with the University of Rochester's COVID-19 protocols, which Supplier acknowledges are subject to change based on the severity level of the pandemic.
4. Supplier acknowledges and agrees that the University of Rochester may deny entry, and remove any Contract Staff in its sole discretion, without cost of consequence, for failure to comply with the Vaccine requirements and the University of Rochester's COVID-19 protocols.

Supplier acknowledges that any misrepresentation in this attestation could cause incalculable harm to the University's patients, students, faculty, and staff.

The undersigned, Supplier's duly authorized representative, has executed this Attestation as of the date of the signature set forth below.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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