



COX COLLEGE
Catalog Supplement
2021-2022
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1423 N. Jefferson Avenue, Springfield, MO 65802

Non-Discrimination Policy Statement

Cox College is committed to maintaining a community that values the worth and dignity of every person, and fosters understanding and mutual respect among its members. Cox College does not discriminate against any member of the College community on the basis of race, color, national origin, religion, disability, age, veteran status, political affiliation, sex, sexual orientation, gender identity, pregnancy, marital status, or any other basis protected by law in its programs and activities.

Inquiries concerning the non-discrimination policy or the procedure for filing a complaint should be addressed to Corporate Integrity, 3850 South National Ste. 450, Springfield, MO 65807, (417) 269-5297 (COX-LAWS) or 1-888-340-5297, or to the Office for Civil Rights.

2020 - 2021 College Catalog Supplement

This document is a supplement to the 2021-2022 College Catalog and is provided for the purpose of notifying students of corrections and/or updates to college policy, programs, courses, admissions and graduation requirements which have occurred since the catalog was published in August 2021.

All data in this Catalog Supplement reflects information as it was available on the publication date. Cox College reserves the right to revise all announcements contained in this publication and, at its discretion, to make reasonable changes in requirements to improve or upgrade academic and non-academic programs. This Catalog is not intended to be a contract, explicit or implied. Students are expected to be familiar with the information presented in this Catalog, in any supplements and addenda to the Catalog, and with all institution policies.

COVID-19 Exemptions

Testing Exemptions:

Is the COVID-19 Vaccination required at CoxHealth?

CoxHealth has implemented a mandatory vaccination policy as a key part of our overall strategy and commitment to maintaining a safe and healthy workplace in light of the COVID-19 pandemic. CoxHealth requires that all employees and individuals entering the workplace get vaccinated against COVID-19 and show proof of an FDA-approved COVID-19 vaccination.

Is the COVID-19 vaccination required at Cox College?

The COVID-19 vaccination is not required to attend Cox College. However, hospitals, clinics, and health systems (Mercy, Jordan Valley, CoxHealth etc.) now require the COVID-19 vaccination for students who wish to participate in clinical experiences.

Please note, not having your vaccination for a required clinical site and rotation can delay your class progression as well as your ability to finish your program of study and graduate from Cox College. Clinical sites can require vaccination for participation at *any time* during your program of study. Cox College is under no obligation to find you alternative clinical placements.

I am vaccinated, where do I upload my proof of vaccination?

Students should upload a copy of their vaccination card by January 31st, 2022 to the designated clinical course in Canvas. Faculty will direct student's attention to where to find the Canvas assignment designated for vaccination cards in their Canvas course.

I am not vaccinated. Can I apply for a medical or religious exemption from the vaccine?

Students should not assume their assigned clinical site will offer medical or religious exemption. Many clinical sites do not offer exemptions to students. Cox College does not have the authority to make a clinical site offer medical or religious exemptions to students.

What if my assigned clinical site does not offer medical or religious exemptions to students? Will Cox College find me another clinical rotation?

Clinical rotations are limited and must meet course objectives and requirements. Cox College is under no obligation to find alternative clinical placements based upon vaccination preference.

Does CoxHealth offer medical or religious exemptions?

At this time, CoxHealth is offering students the opportunity to apply for medical or religious exemptions. Students enrolling for Spring 2022 clinical experiences must apply for a medical or religious exemption by January 31st, 2022. Students should not assume a medical or religious exemption will be granted.

CoxHealth Medical Exemption forms A&B can be found on the student portal. Completed forms should be sent to employeehealth@coxhealth.com.

CoxHealth Religious Exemption forms can be found on the student portal. Completed forms and should be sent to Cheryl.Dunn@coxhealth.com

If an exemption is granted by CoxHealth, students will be required to undergo weekly COVID-19 testing. Testing will be at the student's expense, unless the student uses a CoxHealth lab. There is no charge to students who use a CoxHealth Lab for weekly testing.

I received a medical exemption or deferral, or a religious exemption, from CoxHealth, and I have to be tested weekly, how does that work?

Students approved for religious or medical exemption or temporary deferral (for pregnancy or recent COVID-19 diagnosis) will need to test weekly. Exempted students will be notified by CoxHealth Human Resources via email and by letter of their testing accommodation, and they will receive a weekly testing kit from their Program Chair with additional instructions and test site locations for the weekly testing process.

Students who choose to test at a CoxHealth Lab will not be charged for weekly testing. Students who choose a testing facility outside of CoxHealth will be responsible for the cost of the required weekly COVID-19 test.

Why do I have so many test labels at once?

Approved exempted students will receive a testing packet from their program chair with an advance 3-month supply of bar coded encounter test labels to affix to your specimen container you will receive at the test site. You will automatically receive a new 3-month supply of labels toward the end of the three month period.

When should I get my weekly COVID-19 test?

You should complete your weekly COVID-19 test at least 24 hours before your clinical rotation. Please review the weekly testing location and hours in advance of your clinical rotation, to determine whether you need to complete your test at a specific time frame. Students who do not provide weekly proof of a negative COVID-19 test will not be allowed to attend clinical rotations.

Is the COVID-19 test administered to me by a clinical provider, or self-collected?

Currently, CoxHealth is able to complete the weekly COVID-19 testing through saliva samples, which you will self-collect at one of many approved locations.

How will I get my weekly COVID-19 test results from CoxHealth?

If your COVID-19 test comes back negative, you will receive a text message and automated phone call notifying you of your result. If your test result is positive, the COVID-19 exposure team will notify you of the positive result and next steps. If you test positive for COVID-19 please notify your course faculty and program chair.

If I test positive for COVID-19, do I still test weekly?

If you test positive for COVID-19, you will not be tested for COVID-19 for 120 days if you are asymptomatic. You will not need to complete your weekly COVID-19 test for 120 days unless you have symptoms

What happens if I decide to receive the COVID-19 vaccine?

You will be required to test until fully vaccinated (14 days post 2nd dose of mRNA vaccines or 14 days post first dose of J&J vaccine.) Once you are fully vaccinated, you will no longer be required to test weekly. If you receive your vaccine please notify your faculty and program chair and upload proof of your vaccination to the Canvas assignment designated for vaccination cards in their Canvas course.

COVID-19 Vaccine Medical Exemption Request Form

Employee/Student Form

Medical Exemption Requests. This form is used to request a medical exemption to CoxHealth's COVID-19 vaccination requirement. Medical exemptions may be granted for recognized contraindications. Guidance about medical contraindications for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

INSTRUCTIONS

1. Complete and sign this page (Attachment A).
2. Present Attachment B to your healthcare provider to complete.
3. Return both completed forms to: employeehealth@coxhealth.com.

After Attachment A and Attachment B are completed and submitted, they will be reviewed and CoxHealth will notify the employee/student of the decision to grant the exemption (with or without conditions), deny the exemption, or request more information. Requests for exemptions will be kept confidential and shared only with those who need to know.

Employee/Student Name:_____ Emp/Student ID Number:_____

Position/Title:_____ Department:_____

Work/School Email Address:_____ Phone Number:_____

Verification

I request an exemption from the COVID-19 vaccine requirement for medical reasons. I understand that my request for an exemption may not be granted if it is not reasonable or if it is determined that I will present a direct safety threat to myself or others that cannot be eliminated by other means. I verify that the information I submit in support of my request for a medical exemption from the COVID-19 vaccine is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in corrective action, up to and including termination of my employment.

Signature of Employee/Student:_____

Date:_____

Printed name:_____

COVID-19 Medical Exemption Request Form

Cox College Student Form

Cox College Student Section: Complete the following information

Name: _____

Email Address: _____ Phone Number: _____

Submit completed Attachment A and Attachment B to employeehealth@coxhealth.com. Requests for exemptions will be kept confidential and shared only with those who need to know.

I authorize my healthcare provider to release information to and, if necessary, speak with CoxHealth about my medical condition for the purpose of evaluating this exemption request.

Signature: _____

Healthcare Provider Section: A licensed Physician, PA, or NP must complete and sign this section.

Forms completed by the Cox College student requesting exemption will not be accepted.

Provider Instructions: CoxHealth requires students rotating at CoxHealth to receive the COVID-19 vaccine. Your patient is requesting a medical exemption from receiving the COVID-19 vaccine. Medical exemptions may be granted for recognized contraindications. Guidance for medical contraindications for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

The following are not considered contraindications to COVID-19 vaccination:

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Previous COVID-19 infection
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc. Please note the COVID vaccines do not contain egg or gelatin.
- Immunosuppressed person in the healthcare worker's household
- Family member or household member who falls into a medically exempt category

Please select medically indicated contraindication below:

☐ Temporary: Active COVID-19 infection Date of positive test result: _____

☐ Temporary: Recently received a COVID-19 monoclonal antibody therapy (mAb). Date of therapy: _____

- ☐ Severe allergy to the vaccine or vaccine component. Please describe in detail the previous allergic reaction and the contraindication to alternatives (if the patient is allergic to a component of a COVID-19 vaccine):

- ☐ Other medical circumstance preventing vaccination with any available COVID-19 vaccine. Describe in detail:

It is my opinion that my patient referenced above has the COVID-19 vaccine contraindication as identified.

Signature of Provider: _____ Date: _____ Printed name: _____
Practice name: _____ Practice telephone number: _____
Practice email: _____

COVID-19 Vaccine Religious Exemption Request Form

College Student Form (Attachment C)

Religious Exemption Requests. This form is used to request a religious exemption to CoxHealth's COVID-19 vaccination requirement. A religious exemption may be granted when a college student holds a sincere religious belief, practice or observation which is contrary to the practice of immunization and granting the exemption does not pose an undue hardship on CoxHealth. Personal preference and philosophical, political or sociological objections are not "religious beliefs" for which a religious exemption will be granted.

INSTRUCTIONS

1. Complete and sign this page (Attachment C).
2. Return completed Attachment C to Cheryl.Dunn@coxhealth.com

After Attachment C is completed and submitted, it will be reviewed, and CoxHealth will notify the College student of the decision to grant the exemption (with or without conditions), deny the exemption, or request more information. Requests for exemption will be kept confidential and shared only with those who need to know.

Religious Exemption Request:

Student Name: _____

College/School Name: _____

Email Address: _____

Phone Number: _____

Advisor: _____

Advisor Email Address: _____

Advisor Phone Number: _____

COVID-19 Vaccine Information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html>

Personal Statement (Must be completed. Attach additional pages if necessary.)

1. Identify the religion you practice or of which you are a member.
2. Describe the reason for your request for a religious exemption from

CoxHealth's COVID-19 vaccine requirement.

3. Does the practice or observation of your religion prohibit you from being vaccinated? If so, please describe.
4. Would being vaccinated interfere with your sincerely held religious belief or your ability to practice or observe your religion? If so, please describe.
5. Have you previously been vaccinated for any illness or disease? If so, why do you now object to being vaccinated?
6. Is there anything else you would like us to know about your request?
7. In some cases, additional information about your religious belief, practice or observance may be needed. If requested, can you provide documentation to support your beliefs and need for an exemption?
If no, please explain why:

Verification

I request a religious exemption from the COVID-19 vaccine requirement because my sincerely held religious belief, practice or observance prevents me from receiving the vaccine. I certify that receiving the COVID-19 vaccine violates my religious belief, practice or observance. I further certify that my request for an exemption is not based on mere personal preference or on a philosophical, political or sociological objection to the COVID-19 vaccine. I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship.

I verify that the information I am submitting in support of my request for a religious exemption from the COVID-19 vaccine is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in suspension and/or dismissal from student rotation privileges.

Signature:_____

Date:_____

Printed name:_____