

COVID-19 POLICY – ALL STUDENTS

1. While on campus, all students, regardless of age and vaccination status, must (a) wear a well-fitting mask covering the nose and mouth at all times while indoors (the “Mask Requirement”) **and** (b) be up to date with all COVID-19 vaccines meaning that the student has received all recommended COVID-19 vaccines including any booster dose(s) when eligible (the “Vaccine Requirement”).
2. Individuals who are unable to comply with the Mask and Vaccine Requirements may request a reasonable accommodation. To discuss potential accommodations, please contact Roxanne Heaton, Executive Director.
3. Students must provide acknowledgment that they will abide by the COVID-19 Policy.
4. If a student prefers to withdraw from class rather than comply with the COVID-19 Policy, a full refund with no cancellation fee will be issued as long as the request is submitted prior to the start of class.
5. All vaccinated students shall provide the Minnetonka Center for the Arts the following information confirming their vaccination status (“CONFIDENTIAL SELF-CERTIFICATION VACCINATION ATTESTATION”):
 - a. Attestation that they are up to date with all COVID-19 vaccines (meaning that the student has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible).
 - b. Manufacturer of vaccine received (e.g., Pfizer, Moderna, or Johnson & Johnson).

CONFIDENTIAL SELF-CERTIFICATION VACCINATION ATTESTATION

By selecting "I CERTIFY" and signing below, I certify:

1. I received the COVID-19 vaccine(s) I have indicated below.
2. I am up to date with all recommended COVID-19 vaccines, including any booster dose(s) when eligible

I understand that the Minnetonka Center for the Arts will use this information to comply with applicable public health regulations or requirements and to monitor compliance with the Art Center's COVID-19 Policies and that it is my responsibility to provide complete and accurate information.

Select the vaccine type(s):

- Johnson & Johnson
- Moderna
- Pfizer

I CERTIFY: _____
(Student name/signature)

DATE: _____