

COVID VACCINE REQUIREMENTS

Candidates for Residency and Fellowship positions at The George Washington University (GWU) School of Medicine and Health Sciences (SMHS)

The George Washington University:

The George Washington University requires students, faculty, residents, fellows, and staff in GW-owned or -operated facilities to be fully vaccinated against COVID-19, unless they receive an approved exemption.

The following guidance applies to this requirement:

- Any vaccine authorized by the United States Food and Drug Administration (FDA) or the World Health Organization (WHO) will be accepted. This information may change as the FDA and WHO authorize (or approve) additional vaccines.
- Vaccination cards must be uploaded to the Occupational Health medical portal. Instructions for this process will be provided with the resident/fellow onboarding packet.
- Limited exemptions, such as for medical or religious reasons, may be granted
- Additional information can be found at this site: <https://coronavirus.gwu.edu/vaccine>

The DC Board of Medicine:

The DC Board of Medicine requires all health care providers in the District of Columbia to be fully vaccinated against COVID-19 to work in any DC Hospital. This includes the GWU Hospital, Sibley Memorial Hospital, MedStar Washington Hospital Center, Children’s National Hospital, and the Veterans Affairs Medical Center.

- All licensed and unlicensed health care workers must submit a self-attestation for COVID vaccine status.
- Residents and Fellows who are applying for a full medical license or a medical training license must attest to COVID vaccine status as part of the application process.
- Individuals who meet the requirements for an exemption to the vaccine mandate will need to submit a request for exemption to the Board of Medicine. An exemption to the vaccine in another state does NOT automatically transfer and there is a significant chance that an exemption may not be granted by the DC government.

Attestation to be completed and signed by candidates:

I acknowledge that I have reviewed and understand these requirements and that I am fully vaccinated against COVID 19, including a booster shot.

Name (print)

GW Program

Signature

Date