COVID-19 Vaccine Exemption Request Form
(Medical)

OCAD U requires all individuals accessing campus buildings and facilities to be fully vaccinated against COVID-19 unless they have a valid exemption.

By submitting the applicable forms below, you are requesting exemption from vaccination requirements at OCAD U due to a medical condition, pursuant to the Ontario Human Rights Code.

The Chief Medical Officer of Health has indicated there are 2 (two) approved medical exemptions to the COVID-19 Vaccination:

1) an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated;

2) a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine).

- For **Medical Exemption** requests, please complete **pages 2 & 3.**

Students, please submit completed forms to the Student Wellness Centre, vaccineexemptions@ocadu.ca

Employees, please submit completed forms to Human Resources, Shazia Hussain, Employee Wellness & Equity Advisor shussain@ocadu.ca

If you need to book a COVID-19 vaccine appointment, please visit Province of Ontario - Book a Vaccine for further details.

Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19.

Evidence indicates that vaccines are very effective at preventing severe illness, hospitalization and death from COVID-19, including against alpha and delta variants of concern. Recent reports in Canada indicate that less than 1% of those who were fully vaccinated have become sick with COVID-19.

A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have symptomatic or asymptomatic infection or to transmit SARS-coV-2 to others. People who have been fully vaccinated with a viral vector vaccine (AstraZeneca) are less likely to have symptomatic infection or to transmit SARS-CoV-2 to others.

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html

Exemption Request

Requestor Information			
SURNAME		FIRST NAME	
OCAD U ID NUMBER		DATE	

By submitting this form, I am requesting exemption from OCAD U vaccination requirements due to a Medical exemption.

I verify that the information I am submitting in this form to support my request for an exemption is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request will result in the immediate revocation of the exemption and potential sanctions.

1. I understand that should an outbreak occur, Toronto Public Health, OCAD U and/or the Ontario Provincial Government, may impose additional restrictions or requirements on me for health and safety reasons which may not apply to other individuals on campus who are fully vaccinated and have provided confirmation of vaccination.

2. I understand that OCAD U may require me to follow additional health and safety protocols, including but not limited to: COVID-19 testing and disclosure of test results, masking and/or physical distancing; and/or remote learning/working or alternate safety precautions.

3. I understand and agree that any exemption to the OCAD U vaccination requirement will require me to participate in the Rapid Antigen Test program, with access provided to OCAD U campus buildings and facilities based on the submission of a negative test result within 72 hours prior to arrival on campus.

_____

SIGNATURE OF REQUESTOR **DATE**

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Please note medical documentation including testing information will be kept confidential and in accordance with applicable privacy legislation.

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Employees, please submit completed forms to Human Resources, Shazia Hussain, Employee Wellness & Equity Advisor shussain@ocadu.ca

Medical Exemption Accommodation Request Form

Please provide this form to your healthcare practitioner

This form will need to be completed by a Physician or Nurse Practitioner Extended Class

Requestor Information			
SURNAME		FIRST NAME	
OCAD U ID NUMBER		DATE SUBMITTED	

Declaration of Healthcare Practitioner

I, _____

(Print name of healthcare practitioner)

certify that, due to a medical condition, the named requestor should be exempted from the requirements for persons attending OCAD U campus, facilities or events to be vaccinated against COVID-19 with a WHO approved vaccine.

If the medical condition is temporary, please indicate the expected time period for the medical condition:

from _____ *to* _____

Accommodation Request

Please state accommodation measures to support the request for a medical exemption of COVID-19 vaccinations (as applicable) ***Please note****: We do* ***NOT*** *require the actual diagnosis.*

_____

HEALTHCARE PRACTITIONER NAME **REGISTRATION/LICENSE #**

_____

HEALTHCARE PRACTITIONER SIGNATURE **DATE COMPLETED**

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