

COVID-19 VACCINE EXEMPTION REQUEST: MEDICAL EXEMPTION

PART 1 – STUDENT/EMPLOYEE INFORMATION (To be completed by student/employee)

Name (first/last): _____ Employee/Student Number: _____ Home Address: _____ City: _____ Prov. _____ Postal Code: _____ Email Address: _____ Telephone #: _____ Date of Birth: _____	Please indicate if you are (check all that apply): <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
--	--

Authorization and Consent to Release of Medical Information	<p>For University Students (or parent/legal guardian for those under 18 years of age): I hereby request and authorize that medical information and related data pertaining to my/my child’s current request for COVID-19 vaccine exemption be given to or discussed with the University’s Student Accessibility Services and Occupational Health Nurses, as may be necessary. This information will be used for the purpose of administering McMaster University’s COVID-19 mandatory vaccination requirement and Accommodation Programs.</p> <p>With this consent I authorize Student Accessibility Services to:</p> <ul style="list-style-type: none"> ▪ Collect information related to the exemption request and coordinate accommodation. ▪ Contact my treating physician or other medical practitioners for clarification of information and follow up, by telephone and/or correspondence, related to the circumstances regarding the reason(s) for the medical absence, and/or accommodation including, but not limited to: assessments, consultations and testing. ▪ If required, arrange Independent Medical Evaluations for the purpose of clarification. ▪ Provide information to the University’s Vaccine Validation Team in Employee Health Services, as well as relevant supervisors, instructors and/or faculty administrators as may be necessary to facilitate accommodation(s), regarding the expected duration of my approved exemption, restrictions/limitations, and academic accommodations, which may include but are not limited to: testing, personal protective equipment and physical distancing parameters. <p>For University Employees: I hereby request and authorize that medical information and related data pertaining to my current request for COVID-19 vaccine exemption be given to or discussed with the University’s Occupational Health Consultant and Occupational Health Nurses. This information will be used for the purpose of administering McMaster University’s COVID-19 mandatory vaccination requirement and Accommodation Programs.</p> <p>With this consent I authorize the University’s Occupational Health Consultant and/or Occupational Health Nurses to:</p> <ul style="list-style-type: none"> ▪ Collect information related to the exemption request, coordinate my return to work and/or accommodation. ▪ Contact my treating physician or other medical practitioners for clarification of information and follow up, by telephone and/or correspondence, related to the circumstances regarding the reason(s) for the medical absence, and/or medical accommodation including, but not limited to: assessments, consultations and testing. ▪ If required, arrange Independent Medical Evaluations for the purpose of clarification. ▪ Provide information to the University’s Vaccine Validation Team and the Employee Health Specialists in Employee Health Services and my employment supervisor as may be necessary to facilitate accommodation regarding expected duration of exemption, restrictions/limitations, and workplace accommodations, which may include but are not limited to: testing, personal protective equipment and physical distancing parameters. <p><i>Confidential medical information will not be discussed outside the parameters of this consent form without your separate, specific consent. Please note, the University is unable to reimburse you for any fee associated with completion of this form, except as may be specifically provided for in a relevant collective agreement.</i></p> <p>Notice of Collection of Personal Information: The information gathered on this form is collected under the authority of <i>The McMaster University Act, 1976</i>. The information is used only for the purposes of a determining and/or implementing an accommodation to the University’s mandatory vaccine requirement, for statistical purposes, or for legal requirements. Personal information provided on this form will not be used for any unrelated purpose without consent. This information is protected and is being collected pursuant to section 39(2) and section 42 of the <i>Freedom of Information and Protection of Privacy Act of Ontario</i> (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Privacy Office, University Secretariat, Gilmour Hall, Room 210, McMaster University.</p> <p>Please sign to authorize below, include date, and give this copy to your Physician for completion of Part 2. For those under 18 years of age, please have a parent/legal guardian sign this form.</p>
--	--

SIGNATURE _____	Date: _____
------------------------	--------------------

Please identify the medical exemption/accommodation(s) you are requesting:

PART 2 – COVID-19 VACCINE EXEMPTION REQUEST (To be completed by physician or RN(EC) – please print)

Attending Physician or RN(EC)	Physician's Name: _____
	Physician's Address: _____
	City: _____ Province: _____ Postal Code: _____
	Physician's Telephone: _____ Physician's Fax: _____
	Physician's Signature: _____ Registration No: _____
	Date Completed: _____

Please answer the questions below as they relate to the requested exemption to COVID-19 vaccination.

1. Do you recommend this individual receive an approved COVID-19 vaccination?

Yes No

Please provide medical rationale:

2. Nature of the medical condition/injury/illness:

3. Has maximum medical recovery been reached? Is further treatment recommended? Please explain and include the prognosis:

4. Timelines - Is this vaccine exemption:

Temporary **End date or re-evaluation date:** _____ **or**

Permanent

5. If attending work/school in person, individuals who are medically unable to be vaccinated will be required to engage in other health and safety measures, which may include but are not limited to: completing COVID-19 testing, wearing appropriate Personal Protective Equipment (PPE) and maintaining physical distancing. In lieu of vaccination, please advise if there are any additional accommodation recommendations:

Employee/Student: Return the Completed Form and Documentation to:

Staff/Faculty:	Student:
<p align="center">Employee Health Services</p> <p>Vaccination Exemption MacDrive Upload Link:</p> <p align="center">https://macdrive.mcmaster.ca/u/d/e5ea2f034dd24e74996d/</p>	<p align="center">Student Accessibility Services</p> <p>Vaccination Exemption MacDrive Upload Link:</p> <p align="center">https://macdrive.mcmaster.ca/u/d/1d046f54cd4c435fb191/</p>