



COVID-19 VACCINE EXEMPTION REQUEST: MEDICAL EXEMPTION

PART 1 – CONTRACTOR/VOLUNTEER INFORMATION (To be completed by contractor/volunteer)

Name (first/last): _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ Email Address: _____ Telephone #: _____ Date of Birth: _____ Name of Primary University Contact: _____	Please indicate if you are: <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer *Contractors with multiple staff working on site at McMaster locations are considered large contractors. Please note that if you are an employee of a large contractor you should request an exemption on the basis of a substantiated human rights ground from your employer directly.
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Authorization and Consent to Release of Medical Information	<p>For Contractor/Volunteers: 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 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 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 primary University contact where applicable as may be necessary to facilitate accommodation regarding expected duration of exemption, restrictions/limitations, and measures while attending University property, 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.</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.</p>
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SIGNATURE		Date:
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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 any McMaster Property 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:

Return the Completed Form and Documentation to:

University Employee Health Services

Vaccination Exemption MacDrive Upload Link:

<https://macdrive.mcmaster.ca/u/d/e5ea2f034dd24e74996d/>