

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

To be completed by the student or employee:

First and Last Name: _____

Student or Employee Number: _____

E-mail Address: _____ Phone Number: _____

Consent to release of information pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, consent to the disclosure of my personal health information by the regulated health care professional so Confederation College can assess my need for an accommodation from its mandatory vaccine requirement and for related administration.

Signature: _____ Date: _____

To be completed by a Regulated Health Care Professional

Confederation College has implemented a mandatory vaccination procedure for all persons attending our campuses. This form will be used as part of the criteria to determine the individual's eligibility to be accommodated as part of this mandatory vaccination procedure.

Health Care Provider's Name: _____

Specialty/Health Profession: _____

License Number: _____

Name of affiliated health organization: _____

Address: _____

Telephone: _____

I certify that the student or employee named above has the following contraindication and support the request for a medical exemption from the COVID-19 vaccination requirement at Confederation College.

Date: _____ Health Care Provider's Signature: _____

Please explain the medical contraindication that prevents the individual from being vaccinated against COVID-19.

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those College employees who have a need to know.

The personal information requested on this form is collected in accordance the Freedom of Information and Protection of Individual Privacy Act. Should you have any questions concerning your personal information please contact the Privacy Officer at privacy@confederationcollege.ca. Confederation College is committed to the protection of the personal privacy of all individuals.

Once completed, please submit the entire application to CovidExemptions@confederationcollege.ca