



Request for COVID-19 Vaccination Exemption - Reporting Confirmation from a Medical Professional Form

The medical exemptions outlined below are derived from National Advisory Committee on Immunization (NACI) and the Ontario Ministry of Health guidance document on Medical Exemptions to COVID-19 Vaccination.

Section 1:

To be completed by the staff employed directly by the Township of Southgate (employee)

To be completed by Staff: <input type="checkbox"/> Initial Form <input type="checkbox"/> Follow-up Form	
Employee Name:	
I have requested a medical exemption to the Policy #87 COVID-19 Vaccination Policy from (start date)_____ to (end date) _____. (if applicable)	
I consent to releasing the information outlined below to my employer, in accordance with provisions of provincial legislation/statutes and the Township of Southgate's Policies and Procedures. By signing below, I am authorizing any health professional who treats me to provide me and my employer with information about my medical accommodation requirement.	
Employee Signature _____	_____, 20____ Date

Section 2: Accommodation Request Details

Please explain within the text box below or by way of an attached letter details on how you can deliver your job description and responsibilities in all aspects and what actions you will take related to common workspaces, equipment use, dealing with members of the public, etc. The request must include how you will respect and protect the safety of all co-workers you may come into contact with within the workplace in relation to COVID-19 transmission and the prevention of an outbreak as an employee working group and public health and safety concerns.



Section 3: Medical Professional Details

To be completed by a Physician or Nurse Practitioner

All information provided in this form is confidential and will be used only for the intended purposes set out in this form.

Declaration of Regulated Health Professional

I, _____, certify that, for medical reasons
(Name of Regulated Health Professional) (Last Name, First Name)

indicated below, the above named individual should be exempted from taking the COVID-19 Vaccine. The specific reasons and length of exemption are indicated. The time period for temporary medical exemption is indicated.

The above staff member of the Township of Southgate requires a medical exemption to the COVID-19 vaccine because the individual has met one of the following approved medical exemptions noted below:

☐ Severe allergic reaction or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components.

- i. Has your patient been assessed by an allergist/ immunologist to review methods for possible (re)administration of a COVID-19 vaccine. Yes ☐ No ☐
- ii. If not assessed by an allergist/ immunologist, has the referral been initiated?
Yes ☐ No ☐, if not please explain why?

☐ Delaying second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

☐ For time-limited reasons (e.g., timing around a procedure, present condition or other medical treatment).

- i. If time-limited, please indicate how long it is expected to last:

☐ Thrombosis and thrombocytopenia following vaccination: Patients who have experienced venous or arterial thrombosis with thrombocytopenia following vaccination with a viral vector COVID-19 vaccine should not receive a second dose of a viral vector COVID-19 vaccine.

- i. To be re-evaluated on: _____ (dd/mm/yyyy)

☐ Other: Based on new and emerging information on medical contraindications of receiving the COVID-19 vaccine (please provide details below).

Length of Exemption:

☐ Permanent

TOWNSHIP OF SOUTHGATE
Policy # 87
COVID-19 Vaccination Policy
DRAFT: Updated September 22, 2021



Schedule B

☐ Temporary

_____ to _____
From (YYYY/MM/DD) To (YYYY/MM/DD)

Please provide any additional comments necessary and advise the possible methods of accommodation.

Office Stamp:

Medical Practice Specialty: _____

Health Care Provider Name: _____

Signature of Health Care Provider: _____

Date of Assessment (dd/mm/yyyy): _____

Your information on this form is collected, used, and disclosed for the purposes set out above, in accordance with Municipal Freedom of Information and Protection of Privacy Act and consistent with the reasons and purposes set out in the Township's COVID-19 Vaccine Policy. Questions regarding the collection, use, and disclosure of your information may be directed to Human Resources. The use of the information reported on this form will be only used internally for review by Human Resources in consultation with the CAO and Department Head for the purposes of determining accommodation approval in relation to the job description responsibilities. If approved the requirements to accommodate the employee if possible will be determined and reported back to the employee in a confidential letter format.

The COVID-19 Vaccine Exemption Form will be filed in a confidential location and not the employee's personnel file.