

**VACCINATION ATTESTATION FORM “B” | PERSONNEL REQUESTING MEDICAL ACCOMMODATION<sup>1</sup>**

On behalf of \_\_\_\_\_, I, the undersigned attest that:  
*(Name of Organization)*

For each individual listed, I have attached their completed Queen’s University [Medical Accommodation Request Form](#) which sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19; and (ii) the effective time-period for the medical reason. I have explained to each individual listed that:

- (i) Queen’s University will assess the attached written proof and determine whether the exemption request is approved;
- (ii) If their exemption request is approved, they will be required to provide proof of a negative COVID-19 rapid antigen test twice weekly and may also be required to complete an educational session approved by the University; and
- (iii) If their exemption request is denied, they will not be permitted to access the University property or use University facilities or attend on any in-person University activities, indoors or outdoors, until they are fully vaccinated.

It is preferable to load multiple [medical accommodation request forms](#) in one single file (PDF/Zip File) and please complete this as a coversheet to your upload. More lines can be added if needed.

| Name | Required Documents Enclosed? (Yes/No) |
|------|---------------------------------------|
|      |                                       |

Documentation will be kept confidential in compliance with statutory privacy requirements and will only be shared with a limited number of dedicated Queen’s staff as required to protect our community. A confidential process for assessing accommodation requests will be followed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

<sup>1</sup> If additional space is required, please clearly identify the total number of pages.