

**REQUEST FOR MEDICAL ACCOMMODATION Re  
MANDATORY VACCINATION for IN-PERSON UNIVERSITY ACTIVITIES**

**Please Complete SECTION 1 of this Form and  
have your Physician/Nurse Practitioner complete SECTION 2**



<b>SECTION 1</b>	
<b>INDIVIDUAL'S INFORMATION</b>	
Last Name:	First Name:
Employer:	
YOUR Email Address:	
<p>By submitting this form, I am requesting that I be excused from the Queen's University COVID-19 vaccination requirement based on a medical condition and affirm as follows:</p> <ol style="list-style-type: none"><li>1. I understand that Queen's University may require me to follow additional health and safety protocols, including, but not limited to:<ol style="list-style-type: none"><li>a. Mandatory COVID-19 testing and disclosure of test results; and/or</li><li>b. Masking and/or physical distancing;</li></ol></li><li>2. I understand that should an outbreak occur, the Ontario government, the Chief Medical Officer of Health, and/or Kingston, Frontenac, Lennox and Addington Public Health may impose additional restrictions or requirements on me for health and safety reasons, which may not apply to fully vaccinated individuals who attend on university property or use university facilities or attend university events in-person, indoors or outdoors.</li><li>3. I consent to this completed form being provided to my employer and to Queen's University and agree that they may reach out to the certifying physician/nurse practitioner to seek additional information.</li><li>4. I understand that Queen's University will assess my request and advise my employer whether this request is approved.</li></ol>	
<hr/> <b>Signature of individual</b> I am 18 years of age or older	<hr/> <b>DATE</b>

**SECTION 2**  
**Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)**

*The College of Physicians and Surgeons of Ontario (CPSO) has advised all Physicians as follows: Generally speaking, there are very few acceptable medical exemptions to the COVID-19 vaccination (e.g., an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated; a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine). Given the rarity of these exceptions, and in light of the fact that vaccines have been proven to be both safe and effective, any notes written for patients who qualify for a medical exemption need to clearly specify:*

- the reason they cannot be vaccinated against COVID-19 (i.e., document clear medical

Personal information on this form is collected under the authority of the Queen's Royal Charter and will be used to determine the qualification of the individual identified on this form for medical accommodation in relation to the requirements that those attending on university property, use university facilities, or attending university events in person be vaccinated against COVID-19. The information provided will be stored securely and the need for accommodation will be shared within the university, on a strictly *need-to-know basis*. Questions about this collection should be directed to the Records Management and Privacy Office at [access.privacy@queensu.ca](mailto:access.privacy@queensu.ca). Queen's University complies with the Freedom of Information and Protection of Privacy Act.

information that supports the exemption); and • the effective time period for the medical reason (i.e., permanent or time-limited).



Please describe how receipt of any COVID-19 vaccine approved by Health Canada or the WHO is medically contra-indicated for your patient. ***It is not necessary to provide a diagnosis.***

If the medical condition is temporary, please indicate the expected time period for the medical condition:

from \_\_\_\_\_ to \_\_\_\_\_.

**I understand that Queen's may contact me to seek additional information**

I certify that, based on my examination and/or knowledge of the medical history of the above-named person, receipt of any COVID-19 vaccine approved by Health Canada or the WHO is medically contra-indicated and they should be excused from the requirement for those attending on university property, using university facilities or participating in university activities in person to be vaccinated against COVID-19.

<b>Name of Physician or Nurse Practitioner:</b>	<b>Registration/License No.:</b>
<b>Business Address and Contact Information</b>	

\_\_\_\_\_  
Signature of Physician or Nurse Practitioner

\_\_\_\_\_  
Date

**Physician or Nurse Practitioner:** Please return this completed Form to your patient

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