

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**

Conscious objection to the vaccine, whether for medical or religious reasons, is not covered under the Ontario Human Rights Code (OHRC).



SECTION 1			
(A) INDIVIDUAL'S INFORMATION			
Last Name:		First Name:	
Student ID Number:			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
(B) PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)			
Last Name:		First Name:	
Telephone Number:		Email Address	
<p>By submitting this form, I am requesting that I/my child 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">I understand that Queen's University may require me/my child to follow additional health and safety protocols, including, but not limited to:<ol style="list-style-type: none">Mandatory COVID testing and disclosure of test resultsMasking and/or physical distancing; and/orRemote learning.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/my child for health and safety reasons, which may not apply to fully vaccinated individuals who attend on university property, use university facilities or attend university events in person.I understand this form must be provided to Queen's University Student Accessibility Services (QSAS) and agree that they may reach out to the certifying physician/nurse practitioner to seek additional information.			
Students must register with Student Accessibility Services (QSAS) and upload this completed form, following the instructions on the website at queensu.ca/studentwellness/accessibility-services			
_____ Signature of individual (or parent/legal guardian for those under 18 years of age)		_____ DATE	

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. Queen's University complies with the Freedom of Information and Protection of Privacy Act.



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

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.

*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

Name of Physician or Registered Nurse in the Extended Class:	Registration/License No.:
Business Address and Contact Information	

Signature of Physician or Nurse Practitioner Class **Date**

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. Queen’s University complies with the Freedom of Information and Protection of Privacy Act.