

## MEDICAL EXEMPTION REQUEST FORM

### REQUEST FOR EXEMPTION OF MANDATORY VACCINATION FOR CAMPUS ACTIVITIES

SECTION 1 – REQUESTER INFORMATION			
Last Name		First Name	
Lakehead University Student ID or Employee Number (if applicable)			
Unit Number	Street Number	Street Name	P.O. Box
City/Town		Province	Postal Code

Lakehead University (“Lakehead”) requires that all persons attending University campuses or events”) at Lakehead be vaccinated against COVID-19 unless they have a valid exemption.

By submitting this form, I am asking that I/my child be exempted from vaccination requirements due to a medical condition or disability. I certify that the information below was completed by my/my child’s physician or nurse practitioner.

1. I understand that should an outbreak occur, Thunder Bay District Health Unit or Simcoe Muskoka District Health Unit or Lakehead may impose additional restrictions or requirements on me/my child for health and safety reasons which may not apply to others on campus who have been fully vaccinated.
2. I understand that Lakehead may require me/my child to follow additional health and safety protocols, including, but not limited to:
  - a. Mandatory COVID testing and disclosure of test results (see [Lakehead University Testing Protocols](#));
  - b. Masking and/or physical distancing; and/or
  - c. Remote working/learning.

\_\_\_\_\_  
Signature of Requester/Parent/Legal Guardian

\_\_\_\_\_  
Date

[\\* CLICK HERE FOR IMPORTANT DATES \\*](#)

**Risks of not being vaccinated:**

You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID-19 virus may transmit more easily.

COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:

- who are an older adult (increasing risk with each decade, especially over 60 years)
- of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke
- of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy
- living with obesity, such as having a body mass index (BMI) of 40 or higher

Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others. Sources:

<https://www.canada.ca/en/public-health/services/diseases/2019-novelcoronavirus-infection/prevention-risks.html#vaccination>; <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinatedpeople.html>

Please provide this form to your qualified regulated health professional (i.e., physician, nurse practitioner, registered nurse in the extended class, and psychologist/psychiatrist) for completion.

**SECTION 2 - DECLARATION OF QUALIFIED REGULATED HEALTH PROFESSIONAL (I.E., PHYSICIAN, NURSE PRACTITIONER, REGISTERED NURSE IN THE EXTENDED CLASS, AND PSYCHOLOGIST/PSYCHIATRIST)**

Ontario Public Health has published guidance on [COVID-19 Vaccination Recommendations for Special Populations](#).

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, \_\_\_\_\_  
(Name of qualified regulated health professional (i.e., physician, nurse practitioner, registered nurse in the extended class, and psychologist/psychiatrist class))

certify that, due to a medical condition or disability, the named person should be exempted from the requirements of Lakehead University for persons attending University campuses or events to be vaccinated against COVID-19 with a Health Canada- or WHO-approved vaccine.

If the medical condition or disability is temporary, please indicate the expected time period for the medical condition or disability:  
from \_\_\_\_\_ to \_\_\_\_\_.

**Please state the reason(s) for the accommodation request here.**

Please describe the nature of the condition that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.

**SECTION 3 – SIGNATURE OF QUALIFIED REGULATED HEALTH PROFESSIONAL (I.E., PHYSICIAN, NURSE PRACTITIONER, REGISTERED NURSE IN THE EXTENDED CLASS, AND PSYCHOLOGIST/PSYCHIATRIST)**

Name of <b>qualified regulated health professional (i.e., physician, nurse practitioner, registered nurse in the extended class, and psychologist/psychiatrist)</b>			Registration/License No.
<b>Business Address</b>			
Unit Number	Street Number	Street Name	P.O. Box
City/Town	Province/State/Country		Postal Code
Signature of qualified regulated health professional (i.e., physician, nurse practitioner, registered nurse in the extended class, and psychologist/psychiatrist)			Date

The qualified regulated health professional (i.e., physician, nurse practitioner, registered nurse in the extended class, and psychologist/psychiatrist) must submit the properly completed form to:

- a) [employeeCOVIDexemptions@lakeheadu.ca](mailto:employeeCOVIDexemptions@lakeheadu.ca) for employees; or
- b) [studentCOVIDexemptions@lakeheadu.ca](mailto:studentCOVIDexemptions@lakeheadu.ca) for students.

Personal information on this form is collected under the authority of the Lakehead University Act and will be used to determine the qualification of the person identified on this form for nonmedical exemption from the requirements of Lakehead University's Mandatory COVID-19 Vaccination Policy, and for the purposes as more particularly set out in such Policy. Questions about this collection should be directed to [privacy@lakeheadu.ca](mailto:privacy@lakeheadu.ca). Lakehead University complies with the *Freedom of Information and Protection of Privacy Act*.