

APPENDIX 1 – COVID-19 MEDICAL ACCOMMODATION FORM

The staff at Georgian College treat your personal health information with respect, privacy and confidentiality. The information contained in this form is kept strictly confidential and is used to help determine accommodation eligibility. This collection is authorized by section 2 of the *Ontario Colleges of Applied Arts and Technology Act*. For questions please contact the Access and Privacy Office at accessprivacy@georgiancollege.ca or 705-728-1968, ext. 5770.

Attention Health Care Practitioner: Georgian College has implemented a mandatory vaccination procedure for all persons attending our campuses. This form will be used as part of the criteria to determine the individual's eligibility to be accommodated as part of this mandatory vaccination procedure.

SECTION A: To be completed by applicant

First Name		Last Name	
Phone Number		Email	

Are you a:

- Student - provide student number: _____
- Employee - provide department & manager name: _____
- Member of the Board of Governors
- Contractor - provide the department you have been contracted by: _____
- Visitor - provide the department or person you are visiting: _____
- Volunteer - provide the department you are volunteering with: _____
- Other - provide the reason for attending campus: _____

Consent to release of information pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, consent to the disclosure of my personal health information by the regulated health care professional so the College can assess my need for an accommodation from the Georgian College mandatory vaccine requirement and for related administration.

Applicant Signature

Date

SECTION B: To be completed by Regulated Health Care Professional

Does the individual have a medical condition that precludes vaccination? Yes No

If Yes, what is the expected duration of the medical condition? _____

License/Registration Number:	Email:
Phone:	Fax:

Office Stamp

Regulated Health Care Professional

- Physician – Family Medicine
- Physician - Other _____
- Nurse Practitioner

I, _____, am a legally qualified regulated health care professional and this report contains my clinical assessment and considered opinion at this time, within the scope of my practice.

Regulated Health Care Professional Signature

Date

After both Sections A & B are completed, please submit this form to VaccineAccommodation@georgiancollege.ca for review.