

MEDICAL EXEMPTION FORM

Georgian College is compliant with the Personal Health Information Protection Act, S.O 2004. We endeavor to protect your personal health information in accordance with these laws. The staff at Georgian College treat your personal health information with the utmost respect, privacy and confidentiality. The information contained in this form is kept strictly confidential and is only used to help determine exemption eligibility. Collection, use and disclosure of this information is subject to all applicable privacy legislation.

Attention Health Care Practitioner: Georgian College has implemented a mandatory vaccination protocol for all students living in residence. This form will be used as part of the criteria to determine the student's eligibility to be exempted from this mandatory residence vaccination protocol.

SECTION A: To be completed by the student

First Name		Last Name	
Phone Number		Student ID #	
Date of Birth (DD/MM/YYYY)		Email	

Student 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 for the purpose of confirming my need for an exemption from the residence mandatory vaccine requirement.

Student Signature

Date

SECTION B: To be completed by Regulated Health Care Professional

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

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