

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 exemption 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 Physician/Nurse 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 exempted from this mandatory vaccination procedure.

Given its legitimate concerns about public health and campus safety, the College wishes to bring to your attention the following College of Physicians and Surgeons statement on issuing medical opinions in support of COVID-19 exemptions:

The National Advisory Committee on Immunization (NACI), the Ministry of Health, and some public health units have provided guidance regarding contraindications for COVID-19 vaccines. The Ministry of Health has also provided guidance for specific allergy populations in the COVID-19 Vaccination: Allergy Form document.

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).

While physicians are generally required to complete third party medical reports for patients when requested, the circumstances of the pandemic support physicians declining to write notes or complete forms when the patient making the request does not have a medical condition that warrants an exemption. If you find yourself in this situation, clearly and sensitively explain to your patient that you cannot provide them with a note or form, along with the reasons why.

Please consider this statement in providing your opinion.

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 Physician/Nurse Practitioner so the College can assess my need for an exemption 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 nature of the condition that precludes vaccination?

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 Physician/Nurse Practitioner. I have read the statement on issuing medical opinions in support of COVID-19 exemptions and this report contains my clinical assessment and considered opinion at this time, within the scope of my practice.

Physician/Nurse Practitioner Signature

Date

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