

## MEDICAL EXEMPTION 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](mailto: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 advise you that the Ministry of Health has issued guidance on the parameters for issuing medical exemptions to COVID-19 vaccinations, a copy of which you may find on the ministry's website

([https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/covid19\\_vaccine.aspx#immunizers](https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/covid19_vaccine.aspx#immunizers)). The college will consider the ministry's guidance in assessing requests, and encourages you to consider it in providing your opinion.

### SECTION A: To be completed by applicant

<b>First name</b>		<b>Last name</b>	
<b>Phone number</b>		<b>Email</b>	

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 Physician or Nurse Practitioner**

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**

- Physician – Family Medicine
- Physician – Specialist: \_\_\_\_\_
- 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](mailto:vaccineaccommodation@georgiancollege.ca) for review.**