



**STATEMENT OF MEDICAL EXEMPTION
MANDATORY VACCINATION FOR CAMPUS ACTIVITIES**

IMPORTANT INFORMATION FOR STUDENTS APPLYING FOR AN EXEMPTION

Brock University requires that all persons attending Brock University campuses be vaccinated against COVID-19 unless they have an approved exemption due to medical or other protected grounds under the Ontario Human Rights Code. In order to receive an approved exemption, a student (or their parent or legal guardian if the student is under the age of 18) and a registered health care practitioner must complete and submit this form.

By submitting this form, the student/parent/legal guardian acknowledges:

1. I am asking that I/my child be exempted from vaccination requirements due to a medical condition. I understand that public health officials have advised that vaccination against COVID-19 is the single most effective measure to reduce the spread of COVID-19 and that evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19.
2. I certify that the information below was completed by a physician or nurse practitioner.
3. I understand that while I am awaiting a decision with respect to this request for exemption and if/once the request for an exemption is granted, I/my child may be subject to additional restrictions or requirements that individuals who are vaccinated may not be required to do, including, but are not limited to: mandatory COVID-19 rapid antigen screening and/or PCR testing and disclosure of results, attestations, masking and/or physical distancing; remote working/learning; and additional health and safety measures.
4. I understand that should an outbreak occur while attending Brock University campus, the Niagara Region Public Health Unit or Brock University 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.

Signature of Student/Parent/Legal Guardian

Date

Instructions: Please complete the student information below and provide the form to a Physician or Registered Nurse in the Extended Class (Nurse Practitioner) to complete page 2.

SECTION 1 – STUDENT INFORMATION				
Student's Last Name			Student's First Name	
Brock University Student ID				
Unit Number	Street Number	Street Name		P.O. Box
City/Town		Province/State	Country	Postal Code
PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)				
Last Name:			First Name	
Telephone Number			Email Address	



Instructions for Health Care Practitioner

The student named in Section 1 of this form has requested exemption from Brock University’s mandatory COVID-19 vaccination policy which requires that all persons attending Brock University campuses be vaccinated against COVID-19 unless they have an exemption due to medical or other protected grounds under the Ontario Human Rights Code. Sections 2 and 3 of this form must be completed by a Physician or Registered Nurse in the Extended Class (Nurse Practitioner) based on a current, thorough, and appropriate assessment. **Before completing this form, please ensure you have reviewed the Ministry of Health’s [COVID-19 Vaccination Recommendations for Special Populations](#) and the [College of Physicians and Surgeons of Ontario \(CPSO\) guidance regarding notes written for patients seeking a medical exemption from COVID-19 vaccination](#). The CPSO advises that there are very few acceptable medical exemptions to the COVID-19 vaccination and that any notes written for patients who qualify for a medical exemption need to clearly specify the reason they cannot be vaccinated and the effective time period for the medical reason.**

SECTION 2 - Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

I, _____
(name of physician or registered nurse in the extended class)

certify that the individual named above should be exempted from the requirements of Brock University’s Mandatory COVID-19 Vaccination Policy due to the following reason:

(specify reason the individual cannot be vaccinated. A diagnosis is not required.)

The effective time period for the medical reason is:

- temporary: from _____ to _____.
- ongoing

I have completed an individual assessment, considered the Ministry of Health: COVID-19 Vaccination Recommendations for Special Populations and reviewed the risks and benefits with the above named individual.

SECTION 3 – Signature of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)			
Name of Physician or Registered Nurse in the Extended Class		Registration/Licence No.	
Business Address Unit Number	Street Number	Street Name	P.O. Box
City/Town	Province/State	Country	Postal Code
Signature of Physician or Registered Nurse in the Extended Class		Date	

Privacy notice: Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of *The Brock University Act, 1964*, and in accordance with the *Freedom of Information and Protection of Privacy Act* (“FIPPA”). The information will be used to determine eligibility for exemption from the requirements of Brock University’s mandatory COVID-19 vaccination policy and for administering the policy. Direct any questions about this collection to Brock University’s Privacy Coordinator at 905-666-5550 x5380 or privacy@brocku.ca