



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 will be required to participate in the University's mandatory COVID-19 rapid antigen screening and disclosure of results to attend campus, and 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: 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