



Medical Request for COVID-19 Accommodation

Private and Confidential

Applicant Information

Authorization and Consent to Release of Medical Information

I hereby request and authorize the release of medical information and related document(s) pertaining to my request for COVID-19 vaccine exemption be provided to the City of Vaughan's Human Resources Disability and Absence Management Specialist or designate. This information will be used for the purpose of administering the City of Vaughan's mandatory COVID-19 vaccination policy and accommodation plan.

With this consent I authorize the City of Vaughan, Human Resources Disability and Absence Management Specialist or designate to:

- Collect information related to the exemption request, coordinate my return to work and/or accommodation.

First Name:	Last Name:	
Telephone Number:	Mobile Number:	
Department:	Work Location:	Work Email:
Position:	Bargaining Unit (if applicable):	Supervisor/Manager:
Signature:	Date:	

Identifying the Medical Accommodation Requirement

To be filled out by the Applicant's Medical Doctor

The medical exemptions outlined below are derived from National Advisory Committee on Immunization (NACI), the Resource Guide from the Chief Medical Officer of Health's Directive #6 and the guidance documents from the Ministry on Vaccine Information and Special Populations.

Please check off box(s) below as they relate to the requested exemption to COVID-19 vaccination.

Severe allergic reactions or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components.

i. Has your patient been assessed by an allergist/ immunologist to review methods for possible (re)administration of a COVID-19 vaccine. Yes No

ii. If yes, please provide additional information on alternative methods of (re)administration of a COVID-19 vaccine.

iii. If not assessed by an allergist/immunologist, has the referral been initiated?
Yes No If not, please explain why?

Delaying or cancelling second dose because of a diagnosed episode of myocarditis/pericarditis after receipt of an initial dose of an mRNA vaccine.

Is the medical condition for which the patient (employee) is not able to have the COVID vaccine temporary or permanent?

Temporary Permanent If this vaccination exemption is temporary, please identify the end date of the exemption.

Medical Doctor

Full Name (please print):

Signature:

Address:

Phone number:

Official Stamp:



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Collection Use and Disclosure of Personal and Personal Health Information: This information is being collected for the administration of the City's Mandatory COVID-19 Vaccination Policy. This information will be used for these purposes: to assess compliance with the Policy, to address health and safety concerns, statistical purposes or as otherwise required by law. This information is collected in accordance with applicable privacy legislation. By providing this information, you consent to this information being collected and used for these purposes. The COVID-19 Vaccine Exemption Form will be filed in the employee's Employee File.