

STATEMENT OF MEDICAL EXEMPTION

MANDATORY VACCINATION FOR CAMPUS ACTIVITIES

SECTION 1 – REQUESTER INFORMATION			
Last Name		First Name	
Carleton University ID (CUID) Number or Employee Number (if applicable)			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Carleton University (“Carleton”) requires that all persons attending University campus or events”) at Carleton be vaccinated against COVID-19 unless they have a valid exemption.

By submitting this form, I am asking that I/my child be exempted from vaccination requirements due to a medical condition. I certify that the information below was completed by my/my child’s physician or nurse practitioner.

1. I understand that should an outbreak occur, Ottawa Public Health or Carleton 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.
2. I understand that Carleton may require me/my child to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID testing and disclosure of test results (see testing protocol attached as Appendix I);
 - b. Masking and/or physical distancing; and/or
 - c. Remote working/learning.

Signature of Requester/Parent/Legal Guardian

Date

Risks of not being vaccinated:

You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID-19 virus may transmit more easily.

COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:

- **who are an older adult (increasing risk with each decade, especially over 60 years)**
- **of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke**
- **of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy**
- **living with obesity, such as having a body mass index (BMI) of 40 or higher**

Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others.

Sources: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#vaccination>;
<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>

Please provide this form to your physician or nurse practitioner for completion.

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

Ontario Public Health has published guidance on [COVID-19 Vaccination Recommendations for Special Populations](#).

The [College of Physicians and Surgeons of Ontario](#) (CPSO) has advised all Physicians as follows: 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).

I,

(Name of physician or registered nurse in the extended class)

certify that, due to a medical condition, the named person should be exempted from the requirements of Carleton University for persons attending University campus or events to be vaccinated against COVID-19 with a Health Canada- or WHO-approved vaccine.

If the medical condition is temporary, please indicate the expected time period for the medical condition:

from _____ to _____.

Please state the reason(s) for the accommodation request here.

Please describe the nature of the condition that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.

Please explain how this accommodation request complies with the CPSO and Ontario Public Health guidance set out above.			
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

The Physician or Registered Nurse in an Extended Class must submit the properly completed form to covidinfo@carleton.ca

Personal information on this form is collected under the authority of the *Carleton University Act* and will be used to determine the qualification of the person identified on this form for medical exemption from the requirements of Carleton University’s Mandatory COVID-19 Vaccination Policy. Questions about this collection should be directed to the Manager, Privacy and Access to Information at university.privacy.office@carleton.ca or by phone at 613-520-2600 extension 2047. Carleton University complies with the *Freedom of Information and Protection of Privacy Act*.

Appendix 1 –

COVID-19 Rapid Testing and Test Disclosure Protocol

All individuals who are not fully vaccinated (including those who have been granted a medical or religious/creed exemption) are required to participate in this COVID-19 Rapid Testing and Test Disclosure Protocol to attend University campus or participate in University events.

Protocol

1. Individuals must be tested at least twice a week to attend campus.
2. Testing will occur at a designated location on campus.
3. Individuals will book their appointment through cuScreen based on availability and their schedule.
4. The test screening will be administered by Health and Counselling.
5. Individuals must wait for the test result before going anywhere else on campus.
6. Test results will be communicated through cuScreen.
7. Individuals who test positive must complete a PCR test. The individual must return to their place of residence, await the PCR test results and follow public health directions.
8. Participants must consent to the disclosure of test results through cuScreen. Testing information will be kept confidential in accordance with applicable privacy laws.

Please Note: Participants must test at least twice a week– there are no other options for rapid testing. Failure to appear or participate in rapid testing will be treated as a violation and the individual will NOT be permitted to attend University campus or attend University events, and may be subject to disciplinary measures.