

## Appendix 1 – Administrative Procedure: B1-16 Vaccination Exemption – Medical Reasons

Please provide this form to your physician or nurse practitioner for completion. A medical exemption may be allowed for certain contraindications or precautions recognized by the Ontario [Ministry of Health](#) as revised from time-to-time.

<b>Section 1: Employee Information</b>				
First Name		Last Name		Employee Number
Street Number	Street Name		Suite/Unit Number	
City/Town	Province		Postal Code	
Telephone Number			Mobile Number	
<b>Section 2: Declaration of Physician or Nurse Practitioner</b>				
<p>I, _____ certify that, (Name of physician or nurse practitioner)</p> <p>due to a medical condition, the above-named person should be exempted from being vaccinated against COVID-19 with a Health Canada or World Health Organization approved vaccine.</p> <p>Please state the reason(s) for the accommodation request. <i>Please describe the nature of the condition that precludes COVID-19 vaccination and provide available supporting documentation as required. It is not necessary to provide a diagnosis.</i></p> <p>Please state whether the condition is expected to be permanent or temporary.</p> <p>If the medical condition is temporary, please indicated the time-period for the medical condition: From _____ to _____.</p>				
<b>Section 3: Signature of Physician or Nurse Practitioner</b>				
Name of Physician or Nurse Practitioner		Registration/Licence No.		
Street Number	Street Name		Suite/Unit Number	
City/Town	Province		Postal Code	
Telephone Number			Fax Number	
Signature of Physician or Nurse Practitioner				Date

Please upload the completed form at [CDSBEO COVID-19 Vaccination Attestation](#).