

**MEDICAL STATEMENT – FACULTY, STAFF, AND  
STUDENTS  
MANDATORY VACCINATION EXEMPTION FORM**

**SECTION 1 INFORMATION OF FACULTY/STAFF/STUDENT MAKING THE EXEMPTION REQUEST**

Last Name:	First Name:
<input type="text"/>	<input type="text"/>
Student/University of Guelph ID #:	

**SECTION 2 IMPORTANT INFORMATION - PLEASE READ**

The University of Guelph (“University”) requires that all students, faculty, and staff who attend the University campuses and related facilities be vaccinated against COVID-19 by September 7, 2021, unless they have a valid exemption.

In order to request a valid exemption for medical reasons, a student/faculty/staff member must complete this Medical Statement form and submit the entire completed form to the University of Guelph Vaccine and Exemption System.

**Risks of not being vaccinated:**

**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 not vaccinated**
- **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 against COVID-19 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>

**SECTION 3 – COVID- 19 PROTOCOLS & COMPLIANCE**

**Students/faculty/staff members who request an exemption may choose to be vaccinated at any time.** Students/faculty/staff members who are awaiting their second vaccine dose or who have received a University-approved exemption must participate in the University’s rapid screening program including reporting any test results to the University and further, must comply with COVID-19 protocols as established by government, public health or the University from time to time.

The University reserves the right to take action with respect to any individual who submits false information to the University regarding their

vaccination or testing status or who fails to comply with the University's mandatory vaccination requirements.

**SECTION 4 – MEDICAL EXEMPTION REQUEST (to be completed by a Physician or Nurse Practitioner Qualified in the Province of Ontario)**

Please be advised that by completing this form you are certifying that the information is true and is in keeping with professional standard outlined by the professional and regulatory bodies that govern your practice. You further understand that all information requested must be fully completed to ensure the University can determine the named individual's eligibility for an exemption. Forms completed by students, faculty, and staff will not be accepted.

In accordance with the National Advisory Committee on Immunization (NACI)<sup>1</sup>, there are limited reasons a person should not be vaccinated against COVID-19. Please select the reason for the medical exemption requested from the options below:

- My patient has acute symptoms of COVID-19 and is currently infectious to others (please outline when your patient is expected to recover and be able to receive the vaccine, below).
- My patient has a history of severe allergic reaction (i.e. anaphylaxis) to any component of the vaccine or after previous administration of a COVID-19 vaccine (please describe below).
- My patient experienced myocarditis or pericarditis following the first dose of an mRNA COVID-19 vaccine and must delay their second dose .
- Other – please describe in detail the medical condition of your patient that presents more risk than benefit for administering the COVID-19 vaccine (please attach additional pages as required):

---

---

---

---

---

By affixing my signature below, I certify that I am a medical practitioner qualified to practice in the Province of Ontario and that I have personally assessed and treated the above individual. It is my opinion that the information is true and accurate and that the above-named individual should be exempted from the University of Guelph's mandatory vaccination requirements.

Name:	Registration/License #:
Business Address:	
Telephone #:	Fax #:
Signature:	Date:

**SECTION 5 – PRIVACY**

In completing this Mandatory Vaccination Exemption Form, you will be required to provide personal information including your name, email address, phone number, and student/University of Guelph identification number. This information will be used to determine your qualification for an exemption from the requirements of the University of Guelph's vaccination requirements.

This personal information will be collected by the University pursuant to the University of Guelph Act 1964 and consistent with Ontario's Freedom of Information and Protection of Privacy Act. Personal information will be retained for a period of five years or as otherwise required by law. If an outbreak of COVID-19 takes place which may affect you, your personal information may be disclosed to the Wellington-Dufferin-Guelph Public Health or other applicable Public Health Unit to assist with contact tracing efforts.

<sup>1</sup> [https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html?hq\\_e=el&hq\\_m=2188311&hq\\_l=1&hq\\_v=91d220e044#a7.9](https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html?hq_e=el&hq_m=2188311&hq_l=1&hq_v=91d220e044#a7.9)

Personal information collected by the University through this form may be aggregated on a fully anonymized basis such that it is no longer personal information and such aggregated anonymized information may be shared by the University with our community and stakeholders in relation to the University's response to the COVID-19 pandemic including the University's reinforcement of existing public health measures and our own efforts to keep our community safe.

Questions about this collection should be directed to the University's Privacy Officer, 50 Stone Rd. E. Guelph, ON, N1G 2W1, ph: 519-824-4120 ext. 54247, email: [fippa@uoguelph.ca](mailto:fippa@uoguelph.ca) .

I, \_\_\_\_\_, hereby attest that I have read this Medical Statement in its entirety and the information I have completed is accurate and true. I further consent to the collection, use, disclosure and retention of my personal information as outlined above.

I recognize that the University has the right to take action with respect to any individual who submits false information to the University regarding their vaccination or testing status or who fails to comply with the University's mandatory vaccination requirements.

\_\_\_\_\_  
Signature of Faculty Member/Staff/Student

\_\_\_\_\_  
Date

**The Faculty Member/Staff/Student must submit the entire completed form to Univeristy of Guelph Vaccine and Exemption System.**

