



COVID-19 VACCINE MANDATE: Medical Exemption Form

This form is to provide information to the University to verify a medical exemption or accommodation related to the University’s COVID-19 Vaccine Mandate. Submission of this form does not guarantee acceptance of the request or that the reasonable accommodation provided will include campus access.

INSTRUCTIONS: Complete Section 1. Ask your health care professional to complete Section 2.

For students, please return this form to:

Accessibility Services

email: accessibility@uwinnipeg.ca

fax: 204-774-3475

For employees, please return this form to:

Employee Health and Wellness Specialist

email: li.harrison@uwinnipeg.ca

fax: 204-774-2935

SECTION 1: TO BE COMPLETED BY APPLICANT (or parent/guardian if applicant is a minor)

Name of Applicant:	
Name of Parent/Guardian (if applicable):	
Phone Number:	
Email:	
Student/Staff #:	
How frequently will the applicant be required to attend campus in the upcoming term? (please provide details of current schedule)	

INFORMED CONSENT AND AUTHORIZATION

Completion of all sections of this form is voluntary, and consent may be withdrawn or amended at any time. A withdrawal does not have a retroactive effect. Note: Should you choose not to provide your consent, you will be required to comply with the University of Winnipeg COVID-19 Vaccine Mandate.

Authorization to my Attending Health Care Professional to Complete This Form:

By submitting this form, I authorize the attending health care professional named in this form to complete the COVID-19 Vaccine Exemption Form and disclose information concerning myself to Accessibility Services (students) or the Employee Health and Wellness Specialist (employees).

Contact with my Attending Health Care Professional:

By signing below, I give consent for the University of Winnipeg (Accessibility Services or Employee Health and Wellness Specialist) to contact the service provider who completed this form to discuss the information provided in this document, if necessary, to clarify information regarding functional limitations or if there are questions related to my application.

Signature (parent/guardian if applicant is a minor)	Date completed (dd/mm/yyyy)
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SECTION 2: TO BE COMPLETED BY THE ATTENDING HEALTH CARE PROFESSIONAL

This form should be completed by an appropriately licensed and trained professional, with knowledge of the applicant’s underlying disability, and the capability to assess the applicant’s ability to receive the COVID-19 vaccine. This may include: Family Physician or Nurse Practitioner.

BACKGROUND

The University of Winnipeg has a COVID-19 Vaccine Mandate that requires all students and employees to provide proof of full vaccination to attend campus, effective September 7, 2021.

The University of Winnipeg requires your verification that the above-named applicant (student or employee of the University of Winnipeg) has a medical need to be exempt from the requirement to be fully vaccinated for COVID-19. Exemptions (or other accommodations) may occur only with appropriate documentation provided to the University (Accessibility Services or the Employee Health and Wellness Specialist).

VERIFICATION OF DISABILITY

1. Does the patient have a medical disability-related barrier to complying with the requirement to be fully vaccinated for COVID-19? Exemptions or other accommodations will be considered for individuals with a medical condition(s) recognized by The National Advisory Committee on Immunization (“NACI”) or comparable authority which precludes them from receiving the COVID-19 vaccine.

- Yes, the patient has a medical condition recognized by the NACI (or comparable authority).
- No, the patient does not have a medical condition recognized by the NACI (or comparable authority).

- Assessor to provide additional details regarding the associated functional limitations:

Please Note:

- The National Advisory Committee on Immunization* states that their recommendations to receive COVID-19 vaccinations now also apply to individuals who are:
 - Immunocompromised
 - Pregnant or breastfeeding
 - Have an autoimmune condition
- The following are examples of conditions that are not considered for a medical exemption:
 - Severe allergic reactions to foods, oral medications, latex, pets, insects, environmental triggers
 - Fear of needles
 - History of vaccine side effects (without further evidence related to the COVID-19 vaccine)
 - General avoidance of vaccines
- A history of COVID-19 infection or positive antibody screen is not a substitute for vaccination.
- Manitoba Shared Health, in its published FAQ, entitled “COVID-19 Vaccination & Health Workers”, updated August 24, 2021, stated:

Expert opinion was provided, based on existing and evolving evidence and clinical practice, about whether there are patient populations that cannot be immunized for medical reasons. It



was determined that medical exemptions are not warranted for the COVID-19 vaccine. There are specific situations, however, where vaccination may be delayed, typically no longer than three months. Please connect with your health care provider for more information.

2. Length of Exemption

- Permanent
Temporary from (dd/mm/yyyy): _____ to _____

3. Optional: Additional information – Please provide any other information about the applicant’s disability/disabling condition (but not the specific diagnosis) and their functional limitations that the University of Winnipeg should consider:

Two horizontal lines for providing additional information.

4. My medical opinion is based on:

___ Patient History ___ Examination ___ Objective Evidence Confirmed (signs or investigational data)

I certify that the above-named applicant has a diagnosed medical condition that prevents them from being vaccinated against COVID-19, and that to the best of my knowledge the information provided to me by the applicant is accurate, and I support the request for a medical exemption or an accommodation related to the COVID-19 vaccine requirement.

CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

Table with 2 columns and 4 rows for professional information: Name, Signature, Address, Specialty, Phone, Fax, Date Completed.

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* https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#a7.9