

Request for Medical Accommodation

Section 1 – Requester Information

Last Name		First Name		DOB (yyyy/mm/dd)
Student Number/Employee Number		Phone Number	Email Address	
Home Address				
Unit Number	Street Number	Street Name		PO Box
City/Town		Province	Postal Code	
Residence Building (if applicable) or Campus			Program (if applicable)	

Section 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

I, _____,
(Name of Physician or Registered Nurse in the Extended Class)

certify that, for medical reasons indicated below, the above-named individual should receive an accommodation from the requirement of receiving the COVID-19 vaccination under The Sir Sandford Fleming College of Applied Art and Technology's *COVID-19 Vaccination Requirement Policy* (College Policy #1-112).

The specific reasons and length of accommodation are checked in the boxes below.
The time periods for temporary medical accommodation are indicated.

The above-named individual should not be immunized for COVID for the following reason (check all that apply):

- An allergist/immunologist confirmed history of a severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any component of the COVID-19 vaccine that cannot be mitigated.
- A diagnosed episode of myocarditis/pericarditis following previous mRNA vaccination.
- Other – Please provide the medical reason they cannot be vaccinated against COVID-19 below. Provide clear and detailed medical information and evidence that supports the accommodation, including explanations of the contraindication's detriment to their health.

This accommodation is:

- Temporary, expiring on: ____/____/____
- Permanent

Section 3 – Signature

Name of Physician or Registered Nurse in the Extended Class

Regulatory College	Registration Number		
Business Address			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Signature of Physician or Registered Nurse in the Extended Class			Date (yyyy/mm/dd)

Notice of Collection

The personal information and personal health information on this form is collected in accordance with the directive of the Ontario Government regarding mandatory vaccination policies in Ontario's post-secondary institutions. The information collected will be used for the purpose of administering the College's *COVID-19 Vaccination Requirement Policy* (College Policy #1-112) and communicating with you about your accommodation request. Any questions about this collection can be directed to the Privacy and Policy Officer at freedomofinformation@flemingcollege.ca or 599 Brealey Drive, Peterborough, ON K9J 7B1.

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Section 4 – Requester Declaration

I affirm that the foregoing is true and accurate.

I understand that making a false statement on this form may result in the engagement of the *College's Student Rights and Responsibilities Policy* (College Policy #5-506) and/or disciplinary action up to and including termination of employment for employees.

I understand that the College reserves the right to request additional supporting information and/or documentation to substantiate my request for accommodation as may be necessary in the circumstances.

(Requester's Signature)

(Date)

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