

MEDICAL EXEMPTION TO DECLINE THE COVID-19 VACCINE

Note for Workers – Please Read Carefully

The Town of Pelham will accommodate bona fide medical exemptions to the point of undue hardship. Requests for Exemption and Accommodation on this basis shall be submitted utilizing this form.

Please note that information collected as a part of this form regarding your medical reason for not receiving the COVID-19 vaccination is being collected and used solely for purposes of determining compliance with the Town's COVID-19 Vaccination Policy including providing statistical reporting on compliance and developing an appropriate accommodation plan to ensure the health and safety of the workplace, and will be retained in a confidential file.

By submitting this form you acknowledge that the COVID-19 vaccine is required pursuant to the Town's applicable COVID-19 Vaccine Policy and Operating Procedure and that you are assuming the risks associated with not receiving the required COVID-19 vaccine which may include; acquiring an infection, transmitting an infection, experiencing complications/severe illness from an infection, and/or having to undergo medical treatment after an infection exposure.

SECTION 1: WORKER TO COMPLETE		
Worker Name:	Department:	Home or Mobile Number:
Job Title:	Work Location:	Supervisor Name:
SECTION 2: WORKER TO COMPLETE – Authorizations for Release of Information		
I hereby authorize my treating Health Professional (name) _____ to release the information requested on this Form. The information provided, with exception of the nature of the current illness/injury will be disclosed to my responsible manager/supervisor and/or Human Resources to certify my entitlement to medical benefits, ensure my safety, assist in proper job placement and to accommodate a disability. A photocopy of this authorization will be considered as the original.	Worker Signature:	
	Date:	
If clarification regarding what is recorded on this Form is required to avoid a delay or disruption in benefits or return to work, I authorize Human Resources to contact my health professional for such clarification. A photocopy of this authorization will be considered as the original. No new medical information is to be requested pursuant to this paragraph.	Worker Signature:	
	Date:	

Voluntary Consent – I hereby authorize my treating Health Professional (name) _____ to release any relevant medical information **related to my current absence** to Human Resources and I also authorize Human Resources to contact my above-noted Health Professional to discuss this medical information. A photocopy of this authorization will be considered as the original.

Employee Signature: _____ Date: _____

This consent may be signed by the Employee but will only be used if Human Resources requires additional information not contained in this medical certificate. Please identify below if you wish for Human Resources to notify you that additional information is being requested (**check one**):

- ☐ It is not necessary to notify me OR
☐ Call me and leave a message at _____ if I am not available (only one phone call will be made). OR
☐ Call me at _____ but do not leave a message if I am not available (no further calls will be made).

SECTION 3: TO BE COMPLETED BY A PHYSICIAN OR NURSE PRACTITIONER

_____ has a medical exemption for the COVID-19 Vaccine in relation to a condition below.
Printed Name of Worker

The following conditions are the only absolute medical exemptions from the COVID-19 vaccine:

1. Documented anaphylaxis to a previous dose of COVID vaccine or documented anaphylaxis to one of the vaccine components authorized, available COVID-19 vaccines:

Vaccine Product	Potential allergen included in the vaccine or its container
Pfizer-BioNTech COVID-19 vaccine	Polyethylene glycol (PEG)
Moderna COVID-19 vaccine	PEG Tromethamine (trometamol or Tris)
AstraZeneca COVID-19 vaccine	Polysorbate 80

Ref: see [NACI's Recommendations on the use of COVID-19 vaccines](#), Table 4 for complete details

Note: These recommendations are in accordance with the guidance expressed by the National Advisory Committee on Immunizations (NACI) as of July 2, 2021 on non-medical ingredients of authorized, available COVID-19 vaccines that have been associated with allergic reactions to other products.

2. Individuals with a history of myocarditis and/or pericarditis

Note: Worker should discuss the risks and benefits of receiving an mRNA vaccine or, alternately, the risks and benefits of receiving a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.

This medical exemption is in place from _____ until _____
Date Date

Physician or Nurse Practitioner Name:

Signature: _____ Phone Number: _____

Date: _____ Fax Number: _____

PLEASE RETURN THIS COMPLETED FORM:

Human Resources – blangohr@pelham.ca